

L16000160598

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 OCT -3 PM 4:18

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

K SAIY

OCT -4 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 422965 4303929

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : October 3, 2018

ORDER TIME : 2:30 PM

ORDER NO. : 422965-005

CUSTOMER NO: 4303929

DOMESTIC AMENDMENT FILING

NAME: INVERSIONES DRACO SANDLAKE,
LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVERSIONES DRACO SANDLAKE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/29/2016 and assigned
Florida document number L16000160598

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	INVERSIONES AGUILA HOLDINGS, INC.	Alonso de Cordova 5670	<input type="checkbox"/> Add
		Oficina 1301	<input checked="" type="checkbox"/> Remove
		Santiago, Region Metropolitana 7560875, Chile	<input type="checkbox"/> Change
MGRM	INVERSIONES DRACO HOLDINGS, INC.	Alonso de Cordova 5670	<input checked="" type="checkbox"/> Add
		Oficina 1301	<input type="checkbox"/> Remove
		Santiago, Chile	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FALLOUTS
ALCANTARA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

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TREASURER, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 27, 2019

Signature of a member or authorized representative of a member

Jose Aveggio Peirano, President

Typed or printed name of signee