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| Special Instructions to Fi | ilina Officer: | <u> </u> |
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SECRETARY OF STATE
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| | ACION GRUPO NUCLEO L | LC | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | KIMBERLY MARENCO | | |
| | | Name of Person | |
| | DIFALCO & FERNANDE | EZ, LLLP | |
| | | Firm/Company | |
| | 777 BRICKELL AVE. SU | JITE 630 | |
| | | Address | |
| | MIAMI, FL 33131 | | |
| | KMARENCO@DIFALCO | City/State and Zip Code FERNANDEZ.COM | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | all: | |
| KIMBERLY MARENCO |) | 305 569-9800 | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 SEP -7 AM 11: 26

CORPORACION GRUPO NUCLEO LLC

SEURETARY OF STATE SE TALLAHASSEE.FL

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

| The Articles of Organization for this Limited Liability Compared Florida document number <u>L16000214084</u> | any were filed on | 11/22/2016 | and assigned |
|---|--------------------------------------|-------------------------------------|--|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited l | iability company | <u>, here</u> : | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," t | ne designation "LLC | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | · | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address I Name of New Registered Agent: New Registered Office Address: | <u>here</u> : | | |
| | | | |
| | City | , FI | orida Zip Code |
| New Registered Agent's Signature, if changing Registered Age | ent: | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change. | ete performance as provided for i | of my duties, an In Chapter 605, | nd I am familiar with and F.S. Or, if this document is |
| If C | Changing Registeres | 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------------|---------------------------------|----------------|
| MGR | DIFALCO & FERNANDEZ LLLP | 777 BRICKELL AVE., SUITE 630 | Add |
| | | MIAMI, FL 33131 | |
| | | | ■ Remove |
| | | | Change |
| MGR | MAXIMILIANO GONZALEZ KUNZ | 777 BRICKELL AVE., SUITE 630 | Add |
| | | MIAMI, FL 33131 | |
| | | · | ☐ Remove |
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| Effect | ive date, if other than the date of filing: |
| (If an et Note: | fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t |
| | nent's effective date on the Department of State's records. |
| | |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
| | 90th day after the record is filed. |
| | |
| Dated | September 6 2018 |
| Dateu | |
| | I_{μ}^{μ} |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00