Jan 08 2018 06:05PM Torres & Vadillo 3054360191

Division of Corporations

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## Florida Department of State

Division of Corporations
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Account Number : 120150000038

: 120150C0C0UJE : (305)465-9700

Phone Pay Number

: (305)465-9700

\*Enter the email address for this business annual report mallings. Enter only amount

\*\*Enter the email address for this business entity to be used for future

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES INMOBILIARIAS DLS LLC

Certificate of Status	gr. ()	Q
Certified Copy		0
Page Count		94
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JAN - 8 2018

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES INMOBILIARIAS DLS LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on _	07/03/2017 and assigned
Florida document number L17000142594	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NP
(Principal office address MUST BE A STREET ADDRESS)	
	7 7
Enter new mailing address, if applicable:	1 70 70
(Mailing address MAY BE A POST OFFICE BOX)	
	# 5 5
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the name of the n
registered agent and/of the new registered office address pere.	
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	lortda street address
	, Florida
City	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

Page 1 of 3

H180000094883

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>	Name	Address	Type of Action
MGR	Chacin Uzcategui, Karla A	9776 NW 46 TERRACE	
		UNIT 130	■ Remove
		DORAL, FL 33178	□ Change
MGR	Mundo franobiliario Ltd.	9776 NW 46 TERRACE	= Add
		UNIT 130	П Reточе
		DORAL, FL 33178	□ Change
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ffective date, if other than the	date of filing:		(optional)	
an effective date is listed, the date mus <b>lote:</b> If the date inserted in this blo ocument's effective date on the Do	ock does not meet the applica	o date of filing or more than ble statutory filing requir	90 days after filing.) ements, this date v	Pursuant to 605.020 will not be listed a
e record specifies a delayed The 90th day after the reco	effective date, but not ard is filed.	an effective time, a	it 12:01 a.m. c	on the earlier o
ated November 17th	2017			
	KChair	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Signature of a member or author	sized representative of a mer	nber	
Karla Andreina Chacin I				

Page 3 of 3

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