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COVER LETTER

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TO: Registration Section & Division of Corporations SUBJECT: Name of Limited Liability Corporations	d Cerports LLC.
The enclosed Articles of Amendment and fee(s) are submitted for fill Please return all correspondence concerning this matter to the follow	ing.
Experto Viva	of Person
7300 Sw 141	Sompany Sompany
Minni, P	dress 33/93. und Zip Code
F-mail address: (to be used for For further information concerning this matter, please call:	Stature annual report notification) State of St
Name of Person at Ar	rea Code Daytime Telephone Number
Certificate of Status Certif	O Filing Fee & S60.00 Filing Fee ? Reference of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned 20000 14 P Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 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: New Registered Office Address: Enter Florida street address

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.

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

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		Mani, H 93/93	Ģ Remove
1	7 1 1 1 5		□Change
HGR	Ernesto Vinels dr.	7300 Gw HBC+.	D Add
		7300 Su 148 Ct.	
			□Change
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Dated	Signature of a member or authorized representative of a member Crueto Typed or printed name of signee	
	$(a \dots a) (b \dots b) (b \dots b) (c \dots$	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00