

LO5000072046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000142989620

02/10/09--01042--004    \*\*25.00

FILED  
2009 FEB 10 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
FEB 11 2009  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporation**

**SUBJECT: EVOLUTION MANAGEMENT & CONSULTING LATIN AMERICA, LLC.**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
CLAUDIA COTE

(Name of person)

\_\_\_\_\_  
KANAL TRANSFER, LLC

(Firm/Company)

\_\_\_\_\_  
8276 NW 70 St.

(Address)

\_\_\_\_\_  
MIAMI, FL 33166

(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
CLAUDIA COTE at 305-593-1601

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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

EVOLUTION MANAGEMENT & CONSULTING LATIN AMERICA, L.L.C. 2009 FEB 10 AM 11:14

(Name of the limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07-21-05 and signed

Florida document number L05000072046.

This amendment is submitted to amend the following:

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

KANAL TRANSFER, L.L.C.

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

Enter new principal office address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

8276 NW 70 St.

MIAMI, FL 33166

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

8276 NW 70 St.

MIAMI, FL 33166

**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:

CLAUDIA COTE

New Registered Office Address:

8276 NW 70 St.

( Enter Florida street address)

MIAMI , Florida  
(City)

33166  
(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>			
MGRM	<u>Carlos Toranzo</u>	San Jose 2805, Muñiz, 1663, Provincia de Buenos Aires, Argentina	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	

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

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated SEPTEMBER 30, 2008.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

CLAUDIA COTE  
 \_\_\_\_\_  
 Typed or printed name of signee

2009 FEB 10 AM 11:14  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 FILED