#108000112205

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

OS PRIMOS DE MI PUEBLO 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:

G. DEL VALLE

Name of Person

MBA GROUP PROFESSIONAL

Firm/Company

9951 ATLANTIC BLVD STE 236

Address

JACKSONVILLE FL 32225

City/State and Zip Code

MBAGLADYS@ATT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. DEL VALLE

at (904) 805-9790

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)

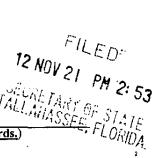
MAILING ADDRESS:

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



LOS PRIMOS DE MI PUEBLO LLC

(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 Li Florida document number <u>L08000112205</u>	ability Company were filed on 12/08/200	8 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or the new registered of		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florid	da 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 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 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>	<u>Name</u>	Address	Type of Action
MGRM	JOCELIN ALVAREZ	2515 PEACH DR	✓ Add
		JACKSONVILLE FL 32246	Remove
MGR	AGUSTIN BURGOS	932 STATON AVE	_ _
		ELISABETH NJ 07208	Remove
MGR	FABIO ESPINAL	10769 BEACH BLVD STE 9	
		JACKSONVILLE FL 32246	Remove
			. Add
			Remove
			Add
			Remove
			Add
			Remove

. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
ed_	November 19, 2012.		
	Lousto Alvasa Signature of a member or authorized representative of a member		
	FAUSTO ALVAREZ		
	Typed or printed name of signee		

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Filing Fee: \$25.00