

LO9000119648

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -4 PH 3:00

FILED

Handwritten signature

N. O. [unclear] JAN - 5 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Laury's Latin American Corp U.C.
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:

PEDRO FERNANDEZ
Name of Person
Laury's Latin American, U.C.
Firm/Company
8515 N.W. 198 Street
Address
Miami Lakes, Fl. 33015
City/State and Zip Code
pedrit2005@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO FERNANDEZ at (305) 934-0824
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

10 JAN -4 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LANDY'S Latin American, L.L.C.

(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 Company were filed on 12/17/2009 and assigned Florida document number 209000119648.

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 end with 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:

Rodolfo M. Blanco Esq.

New Registered Office Address:

14211 Commerce Way, Suite 400

Enter Florida street address

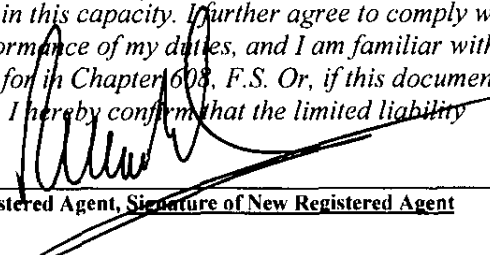
Miami Lakes
City

Florida

33016
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PEDRO FERNANDEZ	8515 NW 198 STREET MIAMI LAKES, FL. 33015	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Wilson Fernandez	8515 N.W. 198 STREET MIAMI LAKES, FL. 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LANDY'S Latin American	802 East 25 th STREET Hialeah, FLA. 33103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SARA PEREZ	18772 N.W. 80 CT. MIAMI, Florida 33015	<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

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

Please change effective DATE from 1/4/2010 to 12/17/09.

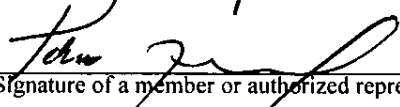
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

10 JAN -4 PM 3:00

FILED

Dated

12/29, 2009


Signature of a member or authorized representative of a member

Pedro Fernandez
Typed or printed name of signee