

L11000030499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

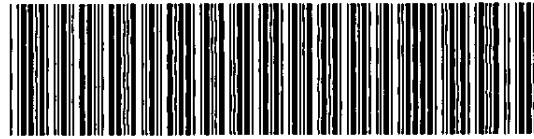
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAY 28 PM 1:30

OFFICE OF
STATE
ATTORNEY, FLORIDA
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 29 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUDO BEM TUDO BOM 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:

ANA LAURA BUSTILLOS

Name of Person

TUDO BEM TUDO BOM AMERICA LLC

Firm/Company

505 MAJORCA AVE

Address

CORAL GABLES, FLORIDA, 33134

City/State and Zip Code

obustillos@tbtbamerica.com

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

For further information concerning this matter, please call:

Oscar Bustillos Miguel

Name of Person

at (305) 8090889

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**

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TUDO BEM TUDO BOM AMERICA LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 MARCH 11, 2011 and assigned
Florida document number L11000030499.

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)

80 S.W. 8TH STREET, SUITE 2000

MIAMI, FLORIDA, 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

80 S.W. 8TH STREET, SUITE 200

MIAMI, FLORIDA, 33130

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:

ANA LAURA BUSTILLOS

New Registered Office Address:

505 MAJORCA AVE

Enter Florida street address

CORAL GABLES

City

Florida 33134

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.

[Signature]
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANDREA V GUEVARA	CALLE 56 PAITILLA OFFICE TOWER	☐ Add
		PANAMA CITY, PANAMA	☒ Remove
MGRM	OSCAR BUSTILLOS MIGUEL	338 majorca ave	☒ Add
		apt 103, Coral Gables,	☐ Remove
		33134	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Article III: The purpose for which this Limited Liability Company is **FILED**

organized is to conduct, develop and provide assesment

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on logistics services, importation and exportation process

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

among the USA and other regional countries.

Dated May 20th, 2013

Signature of a member or authorized representative of a member

JUAN CARLOS GOLINDANO SOSA

Typed or printed name of signee

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Filing Fee: \$25.00