

Division of Corporations

Page 1 of 2

L05000048408

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000243439 3)))



H090002434393ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZ
Account Number : 104076000124
Phone : (305) 476-7100
Fax Number : (305) 476-7102

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WARD INTERNATIONAL TRADING COMPANY II LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

C. LEWIS

NOV 19 2009

EXAMINER

RECEIVED

09 NOV 18 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2009 NOV 18 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/18/2009 10:17 3054449829

RRPE

PAGE 02

Division of Corporations

Page 2 of 2

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2009 NOV 18 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(((H09000243439 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFWARD INTERNATIONAL TRADING Company II 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 Liability Company were filed on May 16, 2005 and assigned
Florida document number L05000048408

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:

New Registered Office Address:

Enter Florida 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 Changing Registered Agent, Signature of New Registered Agent

(((H09000243439 3)))

(((H09000243439 3)))

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

Title	Name	Address	Type of Action
MGRM	SANchez Mancha Angeles	132 MINORCA AVE CORAL GABLES FL 33134	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Mauso, Angeles S.	132 MINORCA AVE CORAL GABLES FL 33134	<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

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

Dated

11/17/09

Signature of a member or authorized representative of a member

Jorge A. Vigil Esq.

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

(((H09000243439 3)))

FILED
2009 NOV 18 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA