Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070 : (305)541-3980 Phone Fax Number : (305)541-7033

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 RETAIL SERVICES LATAM, LLC

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Corporate Filing Menu

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JUN - 5 2014

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COVER LETTER

TO:

Registration Section Division of Corporations

CT. RETAIL SERVICES LATAM, 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

Addres:

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@TAXLEAF.COM

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

For further information concerning this matter, please call:

MOSES NAE

,305、541-3980

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
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

H14000130743 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSEE. FLORIDA

RETAIL SERVICES LATAM, 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 L Florida document number L09000068981	iability Company	were filed on U//	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	ļi	
The new name must be distinguishable and end with the	words "Limited List	oility Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1549 NE 123RD ST		
(Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI, FL 33161		
Enter new mailing address, if applicable:		5701 COLLINS AVE APT 1411		
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI, FL 33140		
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter the name of the ne</u>	
Name of New Registered Agent:	ACCOUNTANT & MANAGEMENT INC			
New Registered Office Address:	1549 NE 1	23RD ST		
	- , , 	Enter Florida street address		
	NORTH MI	AMI	, Florida 33161	
	-	City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:	l		

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 605, 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.

II Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action				
MGR	Ron King Management LLC	5701 COLLINS AVE APT 1411	_□ Add				
		MIAMI, FL 33140	_■ Remove				
MGR	DADDY GROUP CORP	FLEMMING HOUSE, WICKHAMS CAY 1, 5TH FLOOR	_ _■ Add				
		TORTOLA, BRITISH VIRGIN ISLANDS VG 1110	_□ Remove				
			_				
			_ _ Add				
			.□ Remove				
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of Stete) Dated JUNE 2ND Signature of a member of ulthorized representative of a member JORGE VICENTE Typical or printed name of signee

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