## L0500108722

(Reque	stor's Name)	
(Addre	ss)	
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PICK-UP	WAIT	MAIL
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(Docun	nent Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF STATE DIVISION OF CORPORATION

B. KOHR MAR 2 2012

Office Use Only

EXAMINED

## **COVER LETTER**

TO: Registration Section of Con			
SUBJECT:	MERCOSURM	MEAT TRADING LLC	0
SUBJECT.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	12 ftB 29 M 4
	P	once de Leon, Walter	18 P. 19
		Name of Person	**
			୍ର ପ୍ର
		Firm/Company	
		1134 SW 135 Place	
		Miami FL 33184 City/State and Zip Code	
		ter@mercosurmeat.con	
For further information of	concerning this matter, please of	call:	
	auro Grignola	at ( 305 )	375-6277 aytime Telephone Number
	•		,
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations 30x 6327	Registration S Division of C Clifton Build	orporations ing
	30x 6327 assee, FL 32314		ong ve Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## MERCOSURMEAT TRADING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

,		,		<b>→</b> 10,0
The Articles of Organization for this Limited 1	Liability Compan	y were filed on	11/08/2005	and assigned
Florida document numberL0500010	8722			and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	bility company he	<u>re</u> :	
	N/	* =	·	
The new name must be distinguishable and end w "L.L.C."	ith the words "Lir	nited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, <u>enter 1</u>	the name of the nev
	NI/A			
New Registered Office Address:	N/A	E)	nter Florida street add	lress
			, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

X +

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juven A. Gonzalez	1134 SW 135 Place, Miami FL 33184	Add    Add
MGRM	Walter Ponce de Leon	1134 SW 135 Place, Miami FL 33184	Add Remove
MGRM	Martha J. Vivas	1134 SW 135 Place, Miami FL 33184	Add Remove
<del></del>			Add Remove
		1	Add
	·	,,	
		<u>i.</u>	Remove
D. If amen	1,	ge(s) here: (Attach additional sheets, if necessary.)	<u> </u>
	<b>A</b>		_ _ _
Dated	, <u>w</u>	ERCOSURMENT TRADING L.C.	<u> </u>
	,1	or printed name of signee	
	type:	or bruner tismic or signice	

Page 2 of 2

Filing Fee: \$25.00