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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	()
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to Filing Officer:		
Amend		



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TALL AHASSEE FIGURE

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LINDA INTENNATIONALLO
(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:
AMETA MARÍA RIOS
LINDA INTERNATIONALLO.
(Firm/Company)
9421 TONMINERIEM RUD # 109 (Address)
MITMI - FZ 33172 (City/State and Zip Code)
For further information concerning this matter, please call:
M9HA MINCIA RIOG at 486, 282-1429.
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 05/29/2006 and assigned document number 1000054973	
SECOND: This amendment is submitted to amend the following:	T
I WANT TO MAKE THE FOLLOWING CHAMPERS :	10 A A A A A A A A A A A A A A A A A A A
- MY VICTORIA MENDOZA PRESIDENT = =	T
- IMOFIA KIDS VICE PRESIDENTSS :	7
- RUTH D'ACHTARNI MANASTR 500 3	
I WANT TO REMOVE THE FOLLOWING MEMBERS	
TROM THE CORPORATION	
- PELIPE LANOTIC	
- KOSSANA NUREZ	
- MUNKO KIO: MIO CHANGE COMPANT NAME TO:	
LINKA TEMNING 11)
Dated 9-11, 206.	. ر
Signature of a member or authorized representative of a member	
MGEUA MANUA KUS. Typed or printed name of signee	

Filing Fee: \$25.00