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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

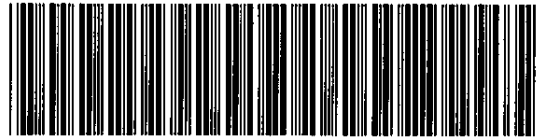
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Latin Xpressions 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:

James L. Byrne

(Name of Person)

Latin Xpressions LLC.

(Firm/Company)

P.O. Box 51734

(Address)

Sarasota/Florida 34232

(City/State and Zip Code)

For further information concerning this matter, please call:

James L. Byrne

(Name of Person)

at (941) 809-3438

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 OCT -1 AM 10:46

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Latin Xpressions LLC:

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 08/13/2007 and assigned document number L07000082573.

SECOND: This amendment is submitted to amend the following:

Manager/Member Detail:

The additional individual to be added to this Manager Member Detail is

James L. Byrne. James L. Byrne is the MGRM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 OCT -4 AM 10:46

FILED

Dated August 28, 2007.

Ana Merlos

Signature of a member or authorized representative of a member

Ana Merlos

Typed or printed name of signee

Filing Fee: \$25.00