

06/24/2010 13:26

3852201440

LAZARUS

PAGE 01/03

http://state.fl.us/p12.000/scraps/etflicovr.cx

L08000016385

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.

(((H10000148158 3)))



H100001481583ABC

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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

Email Address: _____

RECEIVED

10 JUN 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GOMEZ HERMANOS USA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

S. HAWKES

JUN 25 2010

EXAMINER

Help

Electronic Filing Menu

Corporate Filing Menu

H10000148158

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFGOMEZ HERMANOS USA 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 02/14/2008 and assigned
Florida document number L08000016385

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2121 PONCE DE LEON SUITE 510
CORAL GABLES, FL. 33134

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:

JUAN CARLOS ALARCON

New Registered Office Address:

2121 PONCE DE LEON SUITE 510

(Enter Florida street address)

CORAL GABLES

(City)

Florida

33134

(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)

H10000148158

H10000148158

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	Juan Carlos ALARCON	2121 Ponce de Leon SUITE 510 CORAL GABLES FL 33134	☒ Add ☐ Remove
MGRM	ALFREDO E. GANDICA		☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _____

Signature of a member or authorized representative of a member

JUAN CARLOS ALARCON

Typed or printed name of signer

H10000148158