

LD8000054129

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(Address)

(Address)

(City/State/Zip/Phone #)

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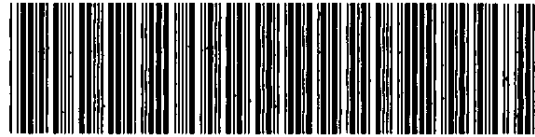
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TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARTIDA MEXICAN IMPORTS 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:

FERNANDO JIMENO
(Name of Person)

ACCOUNTING GUIDE SERVICES
(Firm/Company)

6135 NW 167th STREET, #E8
(Address)

MIAMI, FL 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

FERNANDO JIMENO at (**305**) **826-1711**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FILED

08 JUL 11 AM 10:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PARTIDA MEXICAN IMPORTS 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 June 2nd, 2008 and assigned
Florida document number L08000054129.

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 "L.L.C."

Enter new principal offices address, if applicable:

FERNANDO JIMENO

(Principal office address MUST BE A STREET ADDRESS)

6135 NW 167th STREET, #E8

MIAMI, FL 33015

Enter new mailing address, if applicable:

FERNANDO JIMENO

(Mailing address MAY BE A POST OFFICE BOX)

6135 NW 167th STREET, #E8

MIAMI, FL 33015

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:

DIANA G. OSORIO

New Registered Office Address:

6135 NW 167th STREET, #E8

(Enter Florida street address)

Miami

(City)

Florida 33015

(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.

Diana G. Osorio

(If Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Dennis Landi	18101 Collins Ave. #1207 Sunny Isles FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Diana G Osorio	18101 Collins Ave. #1207 Sunny Isles FL 33160	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Diana G Osorio	6135 NW 167th STREET. #E8 Miami FL 33015	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated July 8th, 2008.

Diana G. Osorio

Signature of a member or authorized representative of a member

Diana G. Osorio

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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