

LD8000054336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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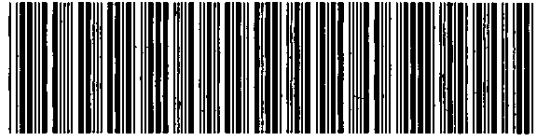
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins JUL 11 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISVARSAN PRODUCTS 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:

MARIO VARGAS
(Name of Person)

DISVARSAN PRODUCTS LLC
(Firm/Company)

22045 ACAPULCO CT
(Address)

BOCA RATON, FL 33428
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO VARGAS at (**321**) **442-4450**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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 10 AM 10:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DISVARSAN PRODUCTS 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 06/02/2008 and assigned
Florida document number L08000054336.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PRODUCTOS DE MI TIERRA LLC

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:

913 SUWANNEE DR

(Principal office address MUST BE A STREET ADDRESS)

APOPKA, FL 32703

Enter new mailing address, if applicable:

913 SUWANNEE DR

(Mailing address MAY BE A POST OFFICE BOX)

APOPKA, FL 32703

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:

VLADIMIR CASTANO

New Registered Office Address:

913 SUWANNEE DR

(Enter Florida street address)

APOPKA

(City)

, Florida 32703

(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.

X
(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	VLADIMIR CASTANO	913 SUWANNEE DR APOPKA, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	CLAUDIA M. AGUDELO	913 SUWANNEE DR APOPKA, FL 32703	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	OLGA L VARGAS	22045 ACAPULCO CT BOCA RATON, FL 33428	<input type="checkbox"/> Add <input checked="" 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.)

ARTICLE V: CHANGE TITLE OF MANAGING MEMBER/MANAGER

NAME: MARIO VARGAS

TITLE: MGR

NEW TITLE: MGRM

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TALLAHASSEE FLORIDA

Dated JULY 3RD, 2008


Signature of a member or authorized representative of a member

Mario Vargas

Typed or printed name of signee