

L09000002665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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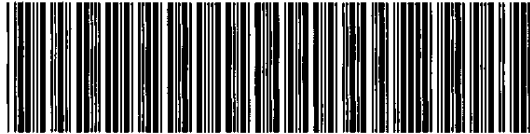
Special Instructions to Filing Officer:

**A. LUNT**

MAY 11 2009

**EXAMINER**

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05/08/09--01034--013 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 MAY -8 PM 4:00

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VALLENATO INTERNACIONAL L.L.C.**  
(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:**

EVER AGUILERA  
(Name of Person)

(Firm/Company)

2052 N.W. 93RD AVE #105  
(Address)

MIAMI, FL 33172  
(City/State and Zip Code)

For further information concerning this matter, please call:

EVER AGUILERA at ( 305 ) 454-5988  
(Name of Person) (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

FILED  
2009 MAY -8 PM 4: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

VALLENATO INTERNACIONAL L.L.C

**(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 01/09/2009 and assigned Florida document number L09000002665.

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:

**(Principal office address MUST BE A STREET ADDRESS)**

2052 NW 93RD AVE #105

MIAMI, FL 33172

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2052 NW 93RD AVE #105

MIAMI, FL 33172

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TALLAHASSEE, FLORIDA

**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:

EVER AGUILERA

New Registered Office Address:

2052 NW 93RD AVE #105

(Enter Florida street address)

MIAMI

(City)

Florida 33172

(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)

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

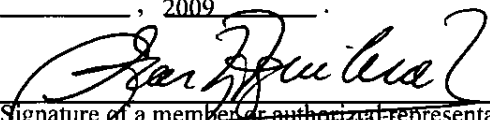
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM JATTIN	10046 SW 163RD PLACE MIAMI, FL 33196	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2009 MAY -8 PM 4:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
**FILED**

Dated APRIL 21, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 \_\_\_\_\_  
 EVER AGUILERA  
 \_\_\_\_\_  
 Typed or printed name of signee