LOO OCCOPPILE

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2013 AUG 28 PH 3: 01 SEURE DARY OF LIGHE TALLAHASSEE, FLORID?

B. BOSTICK
AUG 2 9 2013
EXAMINER

COVER LETTER

Division of Con			
SUBJECT: LATIN A	MERICAN TRADING, L	LC	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	LISSETT DELGADO		
		Name of Person	
	LATIN AMERICAN T	RADING, uc	
		Firm/Company	·
	2035 NW 140TH AVE	ENUE	
		Address	
	PEMBROKE PINES,	FL 33028	T. C
		City/State and Zip Code	
	LISSETTDELGADO		ZIII3 AUG 28 SECHLIGARY TALLAHASSI
	E-mail address: (t	o be used for future annual report notificati	
For further information of	concerning this matter, please c	all:	PH 3: 0
LISSETT DELGAD	00	at (954)4482779	ORALO O
Name o	of Person	Area Code & Daytime Te	elephone Number 🐣
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATIN AMERICAN TRADING, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our r d Liability Company)	ecords.)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/03/2011		_ and assigned
Florida document number 264252191 			
20900014144			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
		· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and end with the words "Li L.L.C."	mited Liability Company," the de	esignation "LLC	or the abbreviatio
Enter new principal offices address, if applicable:			21
(Principal office address MUST BE A STREET ADDRESS)		TALLAHASSEE, FLORIO	13 13 13 13 13 13 13 13 13 13 13 13 13 1
		ਜ਼ਿਲੀ <u>12</u> 51	<u> </u>
		SSE SE	8
Enter new mailing address, if applicable:		다석 <u> </u>	70
Mailing address MAY BE A POST OFFICE BOX)		, O.S.	က္
		5	<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ds, <u>enter the</u>	name of the nev
	-		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	a street addres	· ·
		Florida	
	City		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PEDRO DELGADO	2035 NW 140TH AVENUE,	Add
		PEMBROKE PINES, FL 33028	Remove
MGRM	NILDA B. DE BACHEK	2035 NW 140TH AVENUE	Add
		PEMBROKE PINES, FL 33028	Remove
MGRM	GREYZA Z. BACHEK	2035 NW 140TH AVENUE A	Add Add
		PEMBROKE PINES, FL 33028	Remove
MGRM	RHANDA M. BACHEK	2035 NW 140TH AVENUE	— ci, ☐ ✓ Add
		PEMBROKE PINES FL 33028	Remove
			Add
			Remove
			Add
			Remove

• • •	other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
	
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1	2074 , 2013
<u>August</u>	30.
•	
	- Darutte
	Signature of a member or authorized representative of a member
	Lissett Delgado
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00