## L090000 57507

Office Use Only



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07/14/11--01006--023 \*\*25.00



D. BRUCE D. BRUCE EXAMINER

## **COVER LETTER**

' TO:

TO: Registration Division of C	Section Corporations			
SUBJECT:	LATIN CHEN	IICAL TRADING LL	.C	
Sebsect		nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corre	espondence concerning this matter	er to the following:		
	OSVALDO MARTINEZ			_
		Name of Person		
O&J PROFESSIONAL SERVICES INC			_	
		i murcompany		
782 NW 42 AVE # 2			<u>Pe</u>	
		Address		
		MIAMI FL 33126		TASSAH ASSAH
		City/State and Zip Code		
	OSVAL E-mail address:	DOEMARTINEZ@AOL (to be used for future annual repo	COM ort notification)	
For further information	on concerning this matter, please	call:		ORIDA JATE
	ALDO MARTINEZ	at (_305 )	446-4006	
Nan	ne of Person	Area Code &	Daytime Telephone Numb	er
Enclosed is a check for	or the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	nclosed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)
Reg Div	AILING ADDRESS: gistration Section ision of Corporations Box 6327	Registration	Corporations	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATIN CHEMICA	L TRADING	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	<u>rs on our record</u>	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company	were filed on	06/12/200	9 and assigned
Florida document numberL09000057507			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8227 NW 66 ST		E.c
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 3	3166	HELL
Enter new mailing address, if applicable:	8227 NW 66	ST	L AM
(Mailing address MAY BE A POST OFFICE BOX)	DORAL FL 33166		STATE OF BL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	<del></del>	<u> </u>	
New Registered Office Address:	En	ter Florida stre	et address
	, Florida		
	City <sup>,</sup>	<del></del> ,	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 = Ma $MGRM = N$	nager Nanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		•	Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necess	TALLAHASSE
Dated	Torongel	Exercise .	OF STATE OF STATE
		er or authorized representative of a member	
	Typeo	d or printed name of signee	_

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Filing Fee: \$25.00