

08/01/2014

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Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOWLER RODRIGUEZ LLP
Account Number : I20090000080
Phone : (786) 364-8480
Fax Number : (305) 445-3666

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG - 1 PM 1:45

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: JFRAGA@FRFIRM.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
IDEA LATIN AMERICA LLC

EFFECTIVE DATE

8-1-14

Certificate of Status	0
Certified Copy	0
Page Count	01
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14 AUG - 1 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4140001826733

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: IDEA LATIN AMERICA 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:

JACQUELINE D. FRAGA, FRP

Name of Person

FOWLER RODRIGUEZ LLP

Firm/Company

355 ALHAMBRA CIRCLE SUITE 801

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

JFRAGA@FRFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline D. Fraga

Name of Person

at (786) 364-8462

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

* Filing by e-fax

☒ \$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 32314STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

IDEA LATIN AMERICA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 AUG -1 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 22, 2009 and assigned
Florida document number L09000091546.

This amendment is submitted to amend the following:

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

EFFECTIVE DATE8-1-14

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)

2937 SW 27th AvenueSuite 303Miami, Florida 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2937 SW 27th AvenueSuite 303Miami, Florida 33133

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:

N/A (change of address only)

New Registered Office Address:

2937 SW 27th Avenue, Suite 303

Enter Florida street address

Miami

City

Florida 33133

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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Miguel Di Mise	7711 Altamira Avenue	<input type="checkbox"/> Add
		Coral Gables, Florida 33143	<input checked="" type="checkbox"/> Remove
MGRM	Francisco Di Mise	6465 SW 116 Street	<input type="checkbox"/> Add
		Pinecrest, Florida 33156	<input checked="" type="checkbox"/> Remove
MGR	Miguel Di Mise	7711 Altamira Avenue	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33143	<input type="checkbox"/> Remove
MGR	Francisco Di Mise	6465 SW 116 Street	<input checked="" type="checkbox"/> Add
		Pinecrest, Florida 33156	<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.)

E. Effective date, if other than the date of filing: August 1, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 1, 2014


Signature of a member or authorized representative of a member

Jacqueline D. Fraga
Typed or printed name of signee

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Filing Fee: \$25.00

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