

L0900001059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

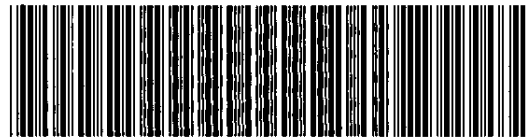
Special Instructions to Filing Officer:

**A. LUNT**

JUN - 3 2010

**EXAMINER**

Office Use Only



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2010 JUN - 1 PM 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LATIN AMERICAN DATABASE SERVICES 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:

DIANE NOBILE, ESQ.  
Name of Person

NOBILE LAW FIRM, P.A.  
Firm/Company

777 BRICKELL AVENUE, SUITE 1114  
Address

MIAMI, FLORIDA 33131  
City/State and Zip Code

diane@dnobilelaw.com  
E-mail address: (to be used for future annual report notification)

REGISTRY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUN - 1 PM 12: 12

FILED

For further information concerning this matter, please call:

DIANE NOBILE, ESQ. at ( 305 ) 577-0000  
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

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

**LATIN AMERICAN DATABASE SERVICES 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 10/19/2009 and assigned

Florida document number L09000101059.

2009 JUN - 1 PM 12: 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

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:**

PEREIRA DEL LUZ 1240 OF 103

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

POCITOS - MONTEVIDEO - URUGUAY

**Enter new mailing address, if applicable:**

PEREIRA DEL LUZ 1240 OF 103

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

POCITOS - MONTEVIDEO - URUGUAY

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

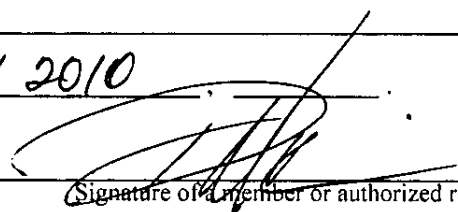
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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2010 JUN - 1 PM 12  
 SECRETARY OF STATE  
 PALM BEACH COUNTY  
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

Dated 27 MAY 2010



\_\_\_\_\_  
 (Signature of member or authorized representative of a member)

DIANE NOBILE, ESQ.  
 27 MAY 10  
 Typed or printed name of signee