L09000/01958

(Re	equestor's Name)	• • • • • • • • • • • • • • • • • • • •
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J. BRYAN

SEP 29 2010

EXAMINER

COVER LETTER

то:	. 1
" TO: "	Registration Section
	Division of Corporations

SUBJECT:	LATIN & H	HELLAS GP LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Stephen Balestra Name of Person	
		Name of Person	
	ŁA ⁷	TIN & HELLAS GP LLC	
		Firm/Company	702 5
	839	5 SW 73rd Ave, Unit 430	SE SE T
		Address	P 2
	_		SEP 28 M 11: 30 SEP 28 M 11: 30 CINCLIANASSEE, FLORIDA
		Miami, Florida 33143 City/State and Zip Code	
	atava h	•	08 1:3
	E-mail address: (alestra@latinandhellas.com to be used for future annual report notific	ation) Pro O
For further information	concerning this matter, please of	all:	
Ste	phen Balestra	at (786)	64-9195
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)
	LING ADDRESS: tration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2010

STEPHEN BALESTRA LATIN & HELLAS GP. LLC 8395 SW 73RD AVE, UNIT 430 MIAMI, FL 33143

SUBJECT: LATIN & HELLAS GP LLC

Ref. Number: L09000101958



We have received your document for LATIN & HELLAS GP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 110A00022526

www.sunbiz.org

15-361

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	<u>LLAS GP LLC</u>		***************************************
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compare Florida document numberL09000101958			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lia	ability company he	re:	SEP 28 M 11: 30
,			DRIDE 30
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	8395 SW 73	rd Ave, Unit 430	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florid	la 33143	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address: 8395 SW	ere: 73rd Ave, Unit 4		
Miar	ni, Florida 3314:	3 . Florida	33143

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
	· · · · · · · · · · · · · · · · · · ·		——————————————————————————————————————
	:		
<u> </u>			
			—————————————————————————————————————
. If amend	ling any other information, enter chang	ge(s) here: (Attach additional shee	ets, if necessary.)
, -			SECIRLIA
ated	Saptemper 27, 20	D/O	P 28 MIII: 30 P 28 MIII: 30 P 28 MIII: 30
	Stephen But	Perty	30

Page 2 of 2

Filing Fee: \$25.00