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SECONETARY OF STATE
TALL ABASSET FLORID.

T. HAMPTON OCT 1 A 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LATIN FLAVOR PRODUCTIONS LLC. Name of Limited Liability Company
Name of Emined Emonity Company
The enclosed Articles of Amen:Iment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luz Astrid Coomez Name of Person
Latin Flavor Productions LLC Firm/Company
312 Monks Ct. Address
Lake Mary, FL 32746 / City/State and Zip Code
- j0901980@ hotmail.com J-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Luz Astrid Gomez at (407) 2012180 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: [4] \$25.00 Filing Fee \$\frac{1}{5}0.00 Filing Fee & \frac{1}{5}60.00 Filing Fee,}
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING A'DDRESS:

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**

FILED

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LATIN FLAVOR (Na me of the Limited Limited Limited) (A Floriday)	PRODUC ability Company as forida Limited Liabil	TIONS I	Seune IA	RY OF STATE SSEE, F LORIDA
The Articles of Organization for this Limited Liabi		e tiled on <u>6</u>	30/2010	and assigned
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	<u>ne limited liability</u>	company here:		
The new name must be distinguishable and end with the "L.L.C."	he words "Limited I.	iability Company	" the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicabl	le:	312 Mc Lake M	onks ct. Mary, FL	32746
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office	e address here:			
Name of New Registered Agent:	LUZ AS	trid Co	omez	
New Registered Office Address:	312 Mon1	CS Ct.	Elavida etvaat add	· · · · · · · · · · · · · · · · · · ·
-	Luz As 312 Mont Lake 1	nary	Florida	3274 6 Zip Code
New Registered Agent's Signa ture, if changing Regi		,		

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 kerely 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 **Title** Name Address **Type of Action** Luz Astrid Gomez 312 Monks (MOR Neida I lopez-Mates 1905 Edgebrook Cirde #209 Add M62 Efrain Santiago MOR Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) COOMEZ CED/MGR. Orae, ake Dated October Signature of a member or authorized representative of a member PLGE (DOM). Typed or printed name of signee COMEZ

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Page 2 of 2

Filing Fee: \$25.00