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TO: Registration Section Division of Corporations		
1262	Distributor LLC	
SUBJECT: Lation .	Name of Limited Liability Company	
The enclosed Articles of Amendme	nt and fee(s) are submitted for filing.	
Please return all correspondence cor	ncerning this matter to the following:	
	John J. Susa	
	Name of Person	
	Firm/Company	
1	0870 NW 88th Terrace Unit 109	
	Doral Fl. 33178 City/State and Zip Code	
	iisvza egmail. com E-mail address: (to be sed for future annual report notification)	
For further information concerning		
John J. S.	at (786) 619-6521 Area Code Daytime Telephone Number	.
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following	ng amount:	
	.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing retificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy	f Status & Dy
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporation		

P.O. Box 6327 Tallahassee, FL 32314

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Latin Distributor 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 $\frac{7 29 2010}{10000079754}$ and assigned lorida document number $\frac{L10000079754}{10000079754}$.
this amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
P
. If amending the registered agent and/or registered office address on our records, <u>enter the name of the πew registe</u> gent 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
'are Radictared Ament's Signature it changing Registered Agent

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 t 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

MGR = M $AMBR = A$	lanager authorized Member			
Title	Name	Address	<u>T</u>	vpe of Action
MGRH	Eduar Y. Suza			□Add
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