## LII000031285

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		:
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FILED 2011 APR 29 PH 12 19 SECRETARY OF STATE TALLAHASSEE, FLORID

T. CLINE

MAY - 2 2011

## EXAMINER

Office Use Only

2. jul 2. 1. jul 2.				
1,		COVER LETTER 🔭		
TO: Registration S Division of Co	ection rporations			
SUBJECT: LA		/ESTOR'S & SERVICES LLC. ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
		Efrain Lopez		
	LATIN AMERIC	AN INVESTOR'S & SERVICES LLC.		
		2814 SW 5 ST.	<b>1</b> 2	
		Address Miami ,Florida 33135	2011 APR 29 SECRETARY	
		City/State and Zip Code	729 TAR	PROVIDE L
	latiname E-mail address: (	ericaninvestors@yahoo.com (to be used for future annual report notification)	PHI EE, FL	
For further information	concerning this matter, please	call:	PH 12: 19 OF STATE E, FLORIDA	***
	frain Lopez of Person	at ( <u>786</u> ) <u>236-3783</u> Area Code & Daytime Telephone Number	<u></u>	
Enclosed is a check for	the following amount:			
<b>\$25.00</b> Filing Fee	<b>∑</b> \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	
Regist Divisi 	LING ADDRESS: tration Section on of Corporations Box 6327 lassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
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ARTICLES OF	AMENDME O	INT			
ARTICLES OF C	DRGANIZA'I DF	ΓΙΟΝ			
LATIN AMERICAN INVES (Name of the Limited Liability Comps (A Florida Limited	TOR'S & SE iny as it now appe Liability Company	RVICES LLC.			
The Articles of Organization for this Limited Liability Company	were filed on	March 14,2011	and as	signed	
Florida document number L11000031285					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lial	<u>oility company h</u>	ere:			
N//	4				
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Com	pany," the designation "L	.LC" or the	abbrev	iation
Enter new principal offices address, if applicable:	<u>N/A</u>	►.	As	20	
(Principal office address MUST BE A STREET ADDRESS)					
			HM AT	70	
			SSE	29	T.
Enter new mailing address, if applicable:	<u>N/A</u>		FOF	P	
(Mailing address MAY BE A POST OFFICE BOX)			LOP	ស្ដ	$_{-}$
			<b>BE</b>	 600	

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B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A	·····	
New Registered Office Address:	N/A		
	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

Page 1 of 2

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If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

## MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Efrain Lopez	2814 SW 5 ST. Miami Florida 33135	_[7] Add Remove
MGR	Dominic A. Lopez	2814 SW 5 ST. Miami Florida 33135	Add Remove
			Add Remove 
****			_ Add _ Remove _
i			2001 APR 29
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
 Dated	April 14 ,	iain Japa	-
	- //	r authorized representative of a member	
_	Typed or	printed name of signee	
		Page 2 of 2	
	Fili	ng Fee: \$25.00	