

L11000121371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
MAY 15 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANFES INTERNATIONAL, 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:

BERENICE IPIA-FELICIANO

Name of Person

PRATS FERNANDEZ & CO

Firm/Company

2121 PONCE DE LEON BLVD. STE. 240

Address

CORAL GABLES, FL 33134

City/State and Zip Code

ADMIN@PRATSFERNANDEZ.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERENICE IPIA-FELICIANO

Name of Person

at (305)

444 8333

Area Code & Daytime Telephone Number

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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**

MANFES INTERNATIONAL, 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 10-24-11 and assigned
Florida document number L11000121371.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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>
MGRM	ANA MARIA SANGIORGIO	P.O BOX 14-0970 CORAL GABLES FL 33114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NATALIA CLARENS	P.O BOX 14-0970 CORAL GABLES FL 33114	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kerry Consultants S.A.	P.O Box 14-0970 Coral Gables, FL 33114	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 18, 2012

Signature of a member or authorized representative of a member

FRANCISCO J FERNANDEZ, Registered Agent

Typed or printed name of signee

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711.880

MANFES INTERNATIONAL, LLC

MEMBERS MEETING

30th March, 2012

Present: ANA MARIA SANGIORGIO and NATALIA CLARENS

By unanimous consent of the issue and outstanding certificate representing one hundred percent (100%) of the capital of the company in is approve that the capital of the company will henceforth be distributed as follows:

100 % Member – KERRY CONSULTANTS S.A.

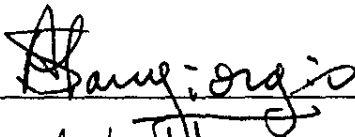

100 %

Ana Maria Sangiorgio and Natalia Clarens are hereby directed and authorized to cancel certificate No 01 and No. 02 and in its stead issue new certificate No.3

Members

Ana Maria Sangiorgio

Natalia Clarens

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12 MAY 11 AM 9:33
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA