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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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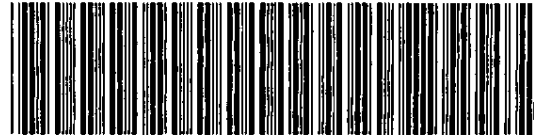
(Business Entity Name)

(Document Number)

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13 JUL 31 PM 5:46

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AUG - 6 2013
D. BUTLER

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

999 PONCE DE LEON BLVD STE 1110H

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 at **305 444 8333**

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)

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

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13 JUL 31 PM 5:46
TALLAHASSEE, FLORIDA

**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 10-24-2011

Florida document number L11000121371

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13 JUL 31 PM 5:10
TALLAHASSEE, FLORIDA

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	KERRY CONSULTANTS S.A.	P.O. BOX 140970	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
MGR	ANA M SANGIORGIO	P.O. BOX 140970	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
MGR	NATALIA CLARENS	P.O. BOX 140970	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
MGRM	AMURNUNG S.A.	P.O. BOX 140970	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
MGR	ERNESTO CLARENS	P.O. BOX 140970	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<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 **MARCH 15** **2013**



Signature of a member or authorized representative of a member

AMURNUNG S.A.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 JUL 31 PM 5:46
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535