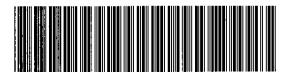
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| (Requestor's Name) | | | | |
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| (CitylCtate/Tip(Dhone 40 | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECTIONY OF STATE

T. HAMPTON

NUV 1 4 2011

EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | ر دود | Ψ γ | | | |
|--|----------------------------------|---|---|--|--|--|--|
| SUBJI | ECT: | GSMAX LA | TINOAMERICA LLC | | | | |
| Name of Limited Liability Company | | | | | | | |
| The en | closed Articles o | f Amendment and fee(s) are su | abmitted for filing. | | | | |
| Please | return all corresp | ondence concerning this matte | er to the following: | | | | |
| | | J | | | | | |
| Name of Person | | | | | | | |
| | Firm/Company | | | | | | |
| | | 7950 NW 53RD STREET, SUITE 215 | | | | | |
| | Address | | | | | | |
| | | M | MIAMI, FLORIDA 33166 | | | | |
| | | City/State and Zip Code | | | | | |
| | | JA@OFFIXSOLUTIONS.COM E-mail address: (to be used for future annual report notification) | | | | | |
| For fur | ther information | concerning this matter, please | • | catony | | | |
| | _JONA | THAN ASERRAF | at (_305_) | 799-1576 | | | |
| | Name | of Person | Area Code & Daytime | Telephone Number | | | |
| Enclose | ed is a check for t | he 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 | | ration Section on of Corporations ox 6327 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n ntions nter Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| | LATINOAMER | | 2011 NOV 10 PM 1: 34 | |
|--|------------------------------|-------------------------|--|--|
| (<u>Name of the Limited Lia</u> (A Flo | orida Limited Liability Co | w appears on ompany) | our records.) TALLAHASSEE, FLORIDA 0/28/2011 and assigned | |
| The Articles of Organization for this Limited Liabi | lity Company were filed | d on1 | 0/28/2011 SEE. FLORIDA | |
| Florida document number L1100012315 | <u>.</u> | | | |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | e limited liability comp | oany here: | | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liabilit | ty Company," i | he designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable | e: | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | | | |
| 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 | | ess on our r | ecords, enter the name of the new | |
| 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

Af 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 **Type of Action** Title Address <u>Name</u> **MGRM** ITALIANO, ALBERTO 8227 NW 68ST ☐ Add Remove MIAMI FL 33166 US ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove □Add Remove ∭Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 7TH** 2011 Dated_ Signature of a member or authorized representative of a member **ROMMER TORRES** Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00