# L1200008645

(Re	questor's Name)	_
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(Cit	y/State/Zip/Phone	e #)
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### **COVER LETTER**

TO: Registration Section

Division of Corporations

# LatAm Alternatives Fund Distribution, 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:

# Victor Hugo Rodriguez

Name of Person

# LatAm Alternatives Fund Distribution, LLC

Firm/Company

135 Weston Road, Suite 157

Address

Weston, Florida 33326

City/State and Zip Code

### vrodriguez@latamalternatives.com

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

For further information concerning this matter, please call:

Marisela Cusati

,<sub>,</sub>786、287-5208

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 APPROVED AND FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LatAm Alternatives Fund Distribution, 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 07/02/2012 and assigned Florida document number L12000086645 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
MGR	Frank Pauls	135 Weston Road, Suite 157	Add
		Weston, Florida 33326	Remove
MGR	Victoria Huerta	135 Weston Road, Suite 157	, Add
		Weston, Florida 33326	Remove
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	11/01/2012
	The state of the s
	Signature of a member or authorized representative of a member
	Typed of printed name of signee
,	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

APPROVED AND FILED