

AUG/12/2014/TUE 02:15 PM

FAX No.

P. 001

8/12/2014

Division of Corporations

L14000036738

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LATIN DIESEL LLC**

Certificate of Status	0
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14 AUG 12 PM 12:23

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DIVISION OF CORPORATIONS

AUG 13 2014

J. HARRIS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LATIN DIESEL 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 03/05/2014 and assigned Florida document number L14000036738.

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DAVID CUEVAS	13501 SW 128TH ST	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	
AMBR	HERNAN LONDOANO	13501 SW 128TH ST	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	
AMBR	PEDRO FLOREZ	13501 SW 128TH ST	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	
MGR	WILLIAM MORALES	13501 SW 128TH ST	<input type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		MIAMI, FL 33186	<input checked="" type="checkbox"/> Change
AMBR	ELIANA MORALES	13501 SW 128TH ST	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33186	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG 12 PM 12:28
 SECRETARY OF STATE
 DIVISION OF INFORMATION

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 12, 2014

William Morales G.
Signature of a member or authorized representative of a member
WILLIAM MORALES
Typed or printed name of signer