

**N08000000 4187**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

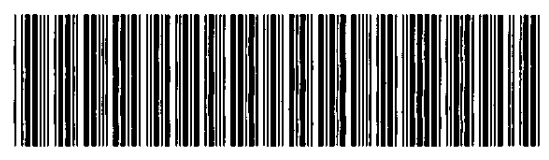
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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700129014467

*Name Change  
Amend*

05/12/08--01019--021 \*\*43.75

**FILED**  
2008 MAY 27 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BoR  
5/28/08*

*\*00789, 02544, 02976, 00671*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LATINO STUFF REVIEW, INC.

DOCUMENT NUMBER: NO 800000 4187

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

E. JERRY LLEVADA

(Name of Contact Person)

LSR

(Firm/ Company)

P.O. Box 143529

(Address)

CORAL GABLES, FL 33114

(City/ State and Zip Code)

For further information concerning this matter, please call:

E. JERRY LLEVADA

(Name of Contact Person)

at ( 305 ) 613-8378

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 323 01



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2008

E. Jerry Llevada  
LSR  
P.O. Box 143529  
Coral Gables, FL 33114

SUBJECT: LATINO STUFF REVIEW, INC.  
Ref. Number: N08000004187

We have received your document for LATINO STUFF REVIEW, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is 453361.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 408A00031322

RECEIVED  
MAY 22 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

2008 MAY 27 AM 10:42  
SECRETARY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may **not** be used in the name of a not for profit corporation)

**AMENDMENTS ADOPTED-** (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

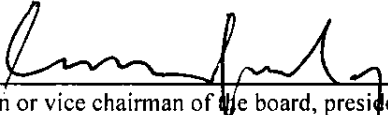
(Attach additional pages if necessary)  
(continued)

The date of adoption of the amendment(s) was: 5/8/08

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature   
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

E. JERRY LLEVADA

(Typed or printed name of person signing)

CHAIR, BD. OF DIRECTORS

(Title of person signing)

**FILING FEE: \$35**