N10000001341

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ · Certificates	of Status
Special Instructions to	Filing Officer:	





700213151337

10/18/11--01011--007 **43.75



Amend 10/19/11

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Latin America	n Motorcycle Association	on Brandon Chapt
DOCUMENT NUM	BER: N10000001347		
The enclosed Article	s of Amendment and fee are sub	omitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
		se Robles	
	(Name of	Contact Person)	
	Latin American Motorcycl	e Association, Brandon Ch	apter
	(Firm	n/ Company)	
	402 H	udson Place	
	(,	Address)	
	Seffne	er, FL 33584	
	(City/ Sta	te and Zip Code)	
		@msn.com d for future annual report notific	eation)
For further informati	on concerning this matter, pleas	e call:	
Jose Robles		at (813) 272-63	
(Name	of Contact Person)	(Area Code & Dayti	ime Telephone Number)
Enclosed is a check f	for the following amount made p	payable to the Florida Departmen	nt of State:
□\$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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Street Address Amendment Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	er Circle

Articles of Amendment

to

Articles of Incorporation of

Latin American Me	HOYCYCLE ASSOCION	lion Brandor
MIC	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100e the following amendment(s) to its Articles of		Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		- paor
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		SECRETARY OF STATE DIVISION OF CORPORATION OF 11 OCT 18 AM 9: 0
D. If amending the registered agent and/or new registered agent and/or the new registered agent	•	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as register position.		cept the obligations of the
	Signature of New Registered Agent, if c	hanging

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
Treasu	Jorge Marquet	5103 Varn Rd.,Plant City, FL 335	☑ Add □ Remove
Treas	Charlie Ramirez		☐ Add ☐ Remove
VicePr	Eduardo Ospina	6315 67th Ct. East, Bradenton	☑ Add □ Remove
(attach addit	or adding additional Articles, enter chional sheets, if necessary). (Be specifically Vice President - Remove	nange(s) here:)	
		·	
	M-91-148-1-1-1		

The date of each amendmen	t(s) adoption: October 4, 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
0-4	ahar 14, 2011
Dated_OCT	ober 14, 2011
Signature _	Jos Clambe
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, cler court appointed fiduciary by that fiduciary)
	Jose' C. Parrilla
	(Typed or printed name of person signing)
	Business Manager
	(Title of person signing)