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SECRETARY OF STATE
TALL AUTOSSEE FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORI	PORATION: LATIN	AMERICA SER	wices, INC.
DOCUMENT NU	MBER: <u>P0400</u>	0067069	and the second s
	cles of Amendment and fee ar		in the state of t
Please return all co	orrespondence concerning this	s matter to the following:	
	HIG.	INIO COLON of Contact Person)	
-	LATIN A (Fin	MERICA SERVI	ICES, INC
	6015 S	(Address)	and the second
	WEST (City/ St	PRCM BEACH, 1 ate/ and Zip Code)	CL 33405
For further informa	ation concerning this matter,	please call:	
H161	NIO COLON	at (56/_)_540	0 - 8587 e Telephone Number)
(Name	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a checi	k 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)
Am	iling Address endment Section	Street Address Amendment Sect	

409 E. Gaines Street

Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 18, 2005

HIGINIO COLON 6015 S DIXIE HWY W PALM BEACH, FL 33405

SUBJECT: LATIN AMERICA SERVICES INC,

Ref. Number: P04000067069

We have received your document for LATIN AMERICA SERVICES INC, and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

We do not amend the incorporator so please remove that from your amendment.

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) 245-6927.

Tracy Smith Document Specialist

Letter Number: 105A00047017

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LATIN AMERICA SERVICES, INC. (Name of corporation)
DOCUMENT NUMBER: P04 0000 67069
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of contact person)
(Firm/Company)
(Address)
(City/state and zip code)
For further information concerning this matter, please call:
HiGinio Cocon at (561) 540-8587 (Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Articles of Amendment to
Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)	
Po 4 000067069	
(Document number of corporation (if known)	<u> </u>
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Conforation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing):	T T D
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")	
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) (1) ARTICLE I (NICIAL OFFICERS ARD/DEDIRECTORS	
PATTY EVANS, PRESIDENT, IS DELED.	a
HIGINIO COLON, PRESIDENT, S. T., IS ADDED	
2) ARTICLE VI REGISTERED AGENT	
PATTY EVANS, 2257 CHICKCHARNIS WEST PALM BON. P.	33411
HIGINIO COLON, 6007 S. DIXI'E HWY WEST PACH BEACH	
hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance if my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this locument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.	
(Signature of Resistered Agent) (Signature of Resistered Agent) (Date)	<u>=</u>
(Signature of Registered Agent) f signing on behalf of an entity:	
HiGiNIO COLON	

(continued)

CONTINUE.

· ARTICLES OF AMENDMENT TO ARTICLEL OF OF INCORPORATION OF LATIN AMERICA SERVICE, INC.

(4) ARTICLE IV. SHARES

THE NUMBER OF CHARES ISSUED 100 ARE TRANSPERED TO THE NEW PRESIDENT/DIRECTOR, HIGINIO COLON

Higinio Cocon

The date of each amendment(s) adoption: Sure 28, 2005
Effective date if applicable: Jucy 1, 2005
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval by
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this Ob day of July
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)
(Title of person signing)

FILING FEE: \$35