P09000053819

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10 MAR 25 PM 1: 34

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	PORATION:	Latin Tropical's Fruits & Roots, Corp	
DOCUMENT NUMBER:		P09000053819	
The enclosed Artic	les of Amendment and	ee are submitted for filing.	
Please return all co	orrespondence concernin	g this matter to the following:	
		Alberto J Ibarra Name of Contact Person	
		Name of Contact Person	
Alberto J Ibarra, PA			
Firm/ Company			
	8405 NW 53rd St, Ste C-101		
Address			
	Doral, FL 33166 City/ State and Zip Code		
	E-mail address: (to b	rtojibarra@yahoo.com e used for future annual report notification)	
For further informa	ation concerning this ma	tter, please call:	
	Alberto J Ibarra	at (<u>305</u>) <u>477-9336 X 2</u>	
Name	of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amou	int made payable to the Florida Department of State:	
	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to

10 MAR 25 PM 1:34 ARASSEE FLORIDA **Articles of Incorporation** Latin Tropical's Fruits & Roots, Corp (Name of Corporation as currently filed with the Florida Dept. of State)

P09000053819

(Document Number of Corporation (if known)

	e of the cornoratio	n·		
A. If amending name, enter the new nam	onnect Services	_		מיו
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	in the word "corp the designation "C	oration," "compo orp," "Inc," or "C	Zo". A professional	The new ted" or the corporation
B. Enter new principal office address, if a		N/A		
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS)			
			·	
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
				
				
D. If amending the registered agent and/o	or registered office	address in Florid	a, enter the name of	`the
new registered agent and/or the new r	egistered office ad	dress:		
Name of New Registered Agent:	N/A			
	N/A			
	(Flor	ida street address)	·	
New Registered Office Address:			, Florida	
<u>New Registered Office Address</u> :	4		, Fibriua	
<u>New Registered Office Address</u> :	(City)		(Zip Code)	
New Registered Office Address: New Registered Agent's Signature, if char I hereby accept the appointment as registere	nging Registered A	gent:	(Zip Code)	

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>	<u>Name</u>	<u>Address</u>	Type of Action
<u>VP</u>	Hector A. Acevedo	868 E 33 St Hialeah, FL 33013	☑ Add □ Remove
			_
			— –
	ling or adding additional Articles, dditional sheets, if necessary). (Be		
<u>provisi</u>	nendment provides for an exchangons for implementing the amendment of applicable, indicate N/A)		
N/A			
			Maria .

The date of each amendmen	t(s) adoption: 03	3/23/2010
Effective date <u>if applicable</u> :	03/23/2010	(date of adoption is required)
	(no more than 9	0 days after amendment file date)
Adoption of Amendment(s)	(<u>CH</u>	IECK ONE)
The amendment(s) was/we by the shareholders was/w		shareholders. The number of votes cast for the amendment(s) approval.
		ne shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(s) was/were sufficient for approval
by		
	(voting group)	
The amendment(s) was/wa action was not required.	ere adopted by the	e board of directors without shareholder action and shareholder
The amendment(s) was/wa action was not required.	ere adopted by the	e incorporators without shareholder action and shareholder
Dated_03/2	23/2010	
Signature <u>/</u>	Bosel	monion
		dent or other officer - if directors or officers have not been
	lected, by an incor pointed fiduciary	rporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
		Angel Mendez
	(Ty	ped or printed name of person signing)
		PST
	(Title o	of person signing)