# P10000054011

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION:L	ATIN AMERICAN COP	IERS INC
DOCUMENT NUM	UMBER: P10000054011		
The enclosed Article	es of Amendment and fee	are submitted for filing.	
Please return all corr	respondence concerning th	is matter to the following:	
<u>-</u>		Joseph Villate	
	1	Name of Contact Person	
_	J	oseph Villate CPA	
		Firm/ Company	
_	250 Ca	alonia Avenue, STE 506	
		Address	
_		al Gables, FL 33134	<del></del>
	(	City/ State and Zip Code	
	VillateC E-mail address: (to be use	PA@bellsouth.net ad for future annual report notification	on)
For further informati	on concerning this matter	please call:	
	oseph Villate	at (305)	541-4714
Name o	f Contact Person	Area Code & Daytime	e Telephone Number
Enclosed is a check	for the following amount r	nade payable to the Florida De	epartment of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclose	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of

### LATIN AMERICAN COPIERS INC

	urrently filed with the Florida Dept. of State)	
	210000054011	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptic	pts the following
A. If amending name, enter the new nam	ne of the corporation:	
		_The new
abbreviation "Corp.," "Inc.," or Co.," or	nin the word "corporation," "company," or "incorporate the designation "Corp," "Inc," or "Co". A professional c professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if	applicable:	_
(Principal office address <u>MUST BE A STR</u>	REET ADDRESS )	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF  D. If amending the registered agent and/onew registered agent and/or the new recommendation of the new registered agent and/or the new recommendation.	or registered office address in Florida, enter the name of t	TARY OF STATIONS  THE
Name of New Registered Agent:	Yngrid Blonda	
New Registered Office Address:	5709 NW 102 PLACE (Florida street address)	
	Doral , Florida 3317	8
	(City) (Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	ed agent. I am familiar with and accept the obligations of the	e position.
	Signature of New Registered Agent, if changing	

## 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>	Address	Type of Action
P/S	Sara Rodriguez	2840 N.W. 108TH AVE. Miami, FL 33172	
<u>P/S</u>	Yngrid Blonda	5709 NW 102 PLACE Doral, FL 33178	☑ Add □ Remove
	ding or adding additional Article ditional sheets, if necessary). (		
		nge, reclassification, or cancellation of ment if not contained in the amendmen	
	ot applicable, indicate N/A)		

I'he date of each amendme	nt(s) adoption: 07/20/11	æ_
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)	
	vere adopted by the shareholders. The number of votes cast for were sufficient for approval.	or the amendment(s)
	vere approved by the shareholders through voting groups. The ded for each voting group entitled to vote separately on the an	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	were adopted by the board of directors without shareholder act were adopted by the incorporators without shareholder action a	
S	( , 20 )	
$a_{\parallel}$	sponted fiduciary by mat fiduciary)	
	Yngrid Blonda	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	