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## **COVER LETTER**

Division of Corporations					
NAME OF CORPORATION: LATIN SQUARE INC					
DOCUMENT NUMBER: \$12000012827					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Accounting & past. Generals inc					
Firm/ Company					
329 A FONALIN ST					
Accounty & past. General Since  Firm/Company  329 A Franklin St  Address  Oco = 1, FZ 34761					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
F-Nuiz at 407 652-3883					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					

TO: Amendment Section

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 32301

	Articles of Amen	dment				
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	Articles of Incorp of	OFACION		5	ದ	
LATIN Square	_			ART.	SEP	
(Name of Corporation as current		da Dept, of State)	<u> </u>	SS	<b>b</b> .	1
P120000 17	2827				<b>.</b>	
(Document Number	er of Corporation (if kn	own)		100	~	
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this <i>Flor</i>	ida Profit Corporation add	ppts the following	g are point	nen <b>tis</b> ) t	0
A. If amending name, enter the new name of the	he corporation:					
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Gword "chartered," "professional association," or	Corp," "Inc," or "Co"	. A professional corporat	ated" or the ab ion name must c	_The ne bbreviation contain th	on ,	
B. Enter new principal office address, if applic	able:					
(Principal office address MUST BE A STREET.	ADDRESS )			.75		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			EFFECTIVE	a/6/		
(Hunning underess MAT BE AT 0.31 OF 11)						
	-			•		
D. If amending the registered agent and/or reg new registered agent and/or the new registered		in Florida, enter the name	e of the			
Name of New Registered Agent					,	
	(Florida street d	ddress)				
New Registered Office Address:		. Florida				
New Registered Office Hadress.	(City)	,	(Zip Code)	•	į	
					:	
New Registered Agent's Signature, if changing	Registered Agent:					
I hereby accept the appointment as registered age	ent. I am familiar with	and accept the obligations	of the position.		4	
					1	
Signature of	of New Registered Ager	ıt, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	V Mil	ce Jones	
<u>X</u> Add	<u>SV</u> <u>Sail</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>_S_</u>	JUGN J MESA	5043 River ben Auc
Add			WINDERMERC, FL 34786
Remove			
2) Change	<u>S</u>	maria 6 Pena	2009 FishTq; I Ten wa
X Add			Ower, FC 34761
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove		•	
5) Change	<del></del>		
Add			
Remove			
6) Change	<del></del>		
Add			
Remove			

additional sheets, if hecessary).	icles, enter change(s) (Be specific)	<del></del>		
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	ange, reclassification	, or cancellation (	of issued snares, ient itself:	
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n amendment provides for an exchovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contain	ed in the amendi		

The date of each amendment(s) adoption: 07-01-2013 date this document was signed.	, if other than the
Effective date if applicable: 09-06-2013	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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.	
Dated 9-3-2013	
Dated C	
Signature	
(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)	
ENGIQUE VOO (3 (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
President	_
(Title of person signing)	