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EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section Division of Corporations

CHANNELPOINT LATIN AMERICA LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Alvarez

Name of Person

CHANNELPOINT LATIN AMERICA LLC,

Firm/Company

7402 Mint Julep Drive

Address

Riverview FL 33578

City/State and Zip Code

jdalvarez12@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Alvarez

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHANNELPOINT LATIN AMERICA LLC,

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	ny were filed on December	07, 2011 and assigned	
Florida document number L11000137768			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
Four Corners America LLC			
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the design	gnation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		7	
		<u> </u>	
		SSE	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		ြည်း မြေ	
		75. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17	
B. If amending the registered agent and/or registered of	office address on our records	s, enter the name of the new	
registered agent and/or the new registered office address he		, <u></u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		orida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action	
			Add	
			Remove	
			_	
		,	Add	
			Remove	
			Add	
			Remove	
				
			Add	
	·		Remove	
			_	
			Add	
			Remove	
		<u> </u>	_	
			Add	
			Remove	

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	17 11 0017
Dated	12-4-2016
	Signature of a member or authorized representative of a member
	Honge Alvaro
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00