## 113000124885

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SECRETARY OF STATE

## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	VOYE	NBUS USA LLC						
SUBJECT:	Name of Lin	nited Liability Company						
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspon	ndence concerning this matter	to the following:						
		CESAR R. MARIN						
		Name of Person	<del> </del>					
		VOYENBUS USA LLC						
	Firm/Company							
	447 SW 36TH AVENUE							
		Address						
	MIAMI, FL 33135							
		City/State and Zip Code	<del></del>					
	C	ESAR@VOYENBUS.COM						
	E-mail address: (	to be used for future annual report no	tification)					
For further information co	ncerning this matter, please c	all:						
CESAR R. MARIN		786 315-8665						
Name of	Person		me Telephone Number					
Enclosed is a check for the	e following amount:							
S25.00 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration So Division of Co The Centre of	rporations					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOYEN	BUS USA ELC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now apped Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L13000124885</u>	ny were filed on _	09/03/2013	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company	here:	
BUSES LATAM LLC			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the	designation "LLC" or the	
Enter new principal offices address, if applicable:	<u></u>		020 H
(Principal office address MUST BE A STREET ADDRESS)			
	pal office address MUST BE A STREET ADDRESS)  Pal office address MUST BE A STREET ADDRESS)		
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(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our	records, <u>enter the na</u>	me of the new registered
New Registered Office Address:			
New Registered Office Address.	Enter Fl	orida street address	
		<b>5</b> ,	r address , Florida
	City	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agen	·		124. 6.126
	<del></del>		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of provided for in	of my duties, and I am Chapter 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00