

L14000 156750

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(Address)

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(City/State/Zip/Phone #)

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19 AUG 30 PM 4: 22  
DIVISION OF CORPORATIONS  
STATE OF VERMONT

LLC  
Amend.

9/12/19

VT/DC

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LATINCOOL, CA 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:

ALONSO J BARBERA RIVERO  
Name of Person  
LATINCOOL, CA LLC  
Firm/Company  
4334 NW 113TH PL.  
Address  
DORAL, FL 33178  
City/State and Zip Code  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

ALONSO J BARBERA RIVERO  
Name of Person at ( ) 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**

LATINCOOL CA LLC

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

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
19 AUG 30 PM 4:23

The Articles of Organization for this Limited Liability Company were filed on 10/07/2014 and assigned Florida document number LL4000156750.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

5955 NW 105TH CT APT S-525

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL, FL 33178

**Enter new mailing address, if applicable:**

5955 NW 105TH CT APT S-525

**(Mailing address MAY BE A POST OFFICE BOX)**

DORAL, FL 33178

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

N/A

Florida

*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 605, 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDUL BARBERA BRACHO	EST SERVICIO PDV GUAPARO AREA TIENDA	<input type="checkbox"/> Add
		AVE BOLIVAR NORTE VALENCIA, VZ CARAB-OBO	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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