

4160000611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

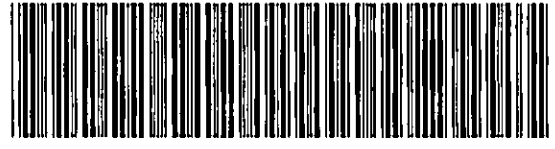
(Business Entity Name)

(Document Number)

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12/08/17--01012--006 **25.00

17 DEC -8 PM 12:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYFI Travel Brasil, 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:

Edgar R. matta

Name of Person

ERM Enterprises Coop

Firm/Company

2500 SW 107 Ave #8

Address

Miami, FL 33165

City/State and Zip Code

edgarmatta@bellsouth.net

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

For further information concerning this matter, please call:

Edgar matta

Name of Person

at (305) 322-5740

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

MYFI Travel Brasil, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
MAR 29 2016
TALLAHASSEE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/28/2016 and assigned Florida document number L16000061611.

This amendment is submitted to amend the following:

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

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: 60 E Amberstone Ct.
Annapolis, MD 21403
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: Same as above
(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____
Enter Florida street address
_____, 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

Title	Name	Address	Type of Action
MGR	Martin A. Hackett	Alameda Joaquim Eugenio de Lima	<input type="checkbox"/> Add
		1196 Sao Paulo	<input type="checkbox"/> Remove
		Brasil 01403002	<input checked="" type="checkbox"/> Change
MGR	Breno de Assis	60 Amherston Ct	<input checked="" type="checkbox"/> Add
		Annapolis, MD 21403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Latcom Horizons, LLC	1155 Brickell Bay Dr.	<input type="checkbox"/> Add
		Apt 2310	<input checked="" type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
MGR	Servicios de Conectividad Global, SL		<input type="checkbox"/> Add
		Calle O'Donnell 12,8	<input checked="" type="checkbox"/> Remove
		Madrid, Spain	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

10 DEC -3 PM 12:26

Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed.

Dated December 1st, 2017

Handwritten signature of Martin A. Hackett

Signature of a member or authorized representative of a member

Martin A. Hackett

Typed or printed name of signee