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(Re	equestor's Name)	•
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
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DIVISION OF CORPORATIONS

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COVER LETTER

		stration Section of Corp			
SUBJEC		Cubix Latin	America, LLC		
SUBJEC	-1. <u>.</u>		Name of Lim	ited Liability Company	
The enclo	osed <i>i</i>	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn a	ill correspor	ndence concerning this matter	to the following:	
			Moises Mizrahi		
				Name of Person	
			Cubix Latin America, LLC		
			<u> </u>	Firm/Company	
			20807 Biscayne Blvd, Suit	te 404	
				Address	
			Aventura, FL 33180		
				City/State and Zip Code	
			moises.mizrahi@cubixlat.co		
			E-mail address: (to be used for future annual report noti	fication)
For furthe	er inf	ormation co	ncerning this matter, please ca	all:	
Moises N	Mizral	hi		305 710-8715	
		Name of	Person	Area Code Daytime	e Telephone Number
Enclosed	is a c	check for the	e following amount:		
\$25.0	00 Fill	ing 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

Cubix Latin America, LLC

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 03/14/2003 and

The Articles of Organization for this Limited L	iability Company	were filed on $\frac{03/14/20}{1}$	003	_ and assigned	
Florida document number L03000009367	······································			17	
Florida document number L03000009367 This amendment is submitted to amend the foll A. If amending name, enter the new name on N/A The new name must be distinguishable and contain the vertical submitted to amend the following name.	owing:			JUN 30 ISION OF C	
A. If amending name, enter the new name o	f the limited lial	oility company here:		O F	1110
N/A				viation 4. L.C.	Ċ
The new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designa	tion "LLC" or the abbre	viation L.L.C.	_
Enter new principal offices address, if applic		N/A		SAC IONS	
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)	·	.,		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	-		records, enter the	e name of the	new
	N/A				_
New Registered Office Address:		Enter Florida str	eet 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
SD	Siboni Eliahu	20807 Biscayne Boulevard	□ Add
		Suite 404	■ Remove
		Aventura, FL 33180	Change
	 		
			□ Remove
			Change
			TILE CORCHANGE 3: 52
			JUNE CORRESPONDE C
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Remove
			□ Change

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ctive date, if othe	er than the date of	filing: June 3	30, 2017	(o _l	ptional)	
e: If the date insert	the date must be specified in this block does	not meet the applie	cable statutory filio	nore than 90 days a ng requirements,	this date will not be	listed a
iment's effective da	ate on the Departmen	t of State's records	i.			
			-	tit 12.0	4 +l	مادان
	ं a delayed effecti er the record is fi		ot an errective	time, at 12:0	i a.m. on the ea	iriier d
ne 90th day afte	10					
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ecord specifies ne 90th day afte nd 6-16-		e of a number or auth	porized representativ	e of a member		-

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