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COVER LETTER

	gistration Se vision of Cor					
SUBJECT	Latin Logis	stics, LLC				
SOBJECT	•	Name of Limi	ited Liability Company			
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Jennifer Huang, Esq.				
			Name of Person			
		Kaplan, Massamillo & Ar	ndrews, LLC			
		••	Firm/Company			
70 East 55th Street, 25th Floor						
			Address			
		New York, NY 10022				
		jhuang@kmalawfirm.com	City/State and Zip Code;; diana.amaya@avianca.com			
		E-mail address: (1	to be used for future annual report notifi	ication)		
For further	information c	oncerning this matter, please ca	all:			
Jennifer H	uang		212 922-0450 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne 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

Latin Logistics, LLC								
(Name of the Limited (A	Liability Comp Florida Limited	Liability	now appear Company)	rs on our r	ecords.)			
he Articles of Organization for this Limited Liab	ility Compan	y were fi	led on 11	/3/2005			and ass	igned
lorida document number	·							
his amendment is submitted to amend the follow	ing:							
. If amending name, enter the new name of the	ne limited lial	bility co	mpany he	ere:				
I/A								
he new name must be distinguishable and contain the word	ls "Limited Liab	ility Comp	any," the d	esignation '	"LLC" or th	ne abbrev	iation "L.	L.C."
nter new principal offices address, if applicab	le:	N/A				32	-	
Principal office address MUST BE A STREET ADDRESS						<u> </u>	00	n
						- 12 T	1	1 deste 1 mars
							<u> </u>	m
nter new mailing address, if applicable:		N/A		_		= 0	I	U
Mailing address MAY BE A POST OFFICE BOX)						孟生	<u>.:</u>	
				-		7, 3	$-\omega$	
. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:	registered of eaddress her	<u>re</u> :	dress on	our rec	ords, <u>en</u>	ter the	name	of the
Name of New Registered Agent.								
New Registered Office Address:	6333	NW	53/2	street	- S-16	100		
			Enter Flor	ida street ad	ddress			
_		Ospe	<u> </u>		, Florida	3	3 66 ip Code	
		City				2	ip 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>	Name	<u>Address</u>	Type of Action
Financial MGR	Brenda Frohlich	8333 N.W. 53rd Street Suite 100, Doral, Florida 33166	□ Add
			■ Remove
			☐ Change
Financial MGR	Diana Amaya	8333 N.W. 53rd Street Suite 100, Doral, Florida 33166	■ Add
			☐ Remove
			Change
			
			Change
			GRemove
			Change
			Remove
			Change
			Add
			☐ Remove
			□ Change

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Filing Fee: \$25.00