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Division of Corporations

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From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 Phone : (305)670-1991

Fax Number : (305)670-1993

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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OCT 1 0 2019

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFL SUD AMERICA LLC		
(Name of the Limited Liable (A Florie	lity Company as it now appears on our to da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number L06000074525	Company were filed on <u>07/27/2006</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SPECIAL DIVISION LATINOAMERICA LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		20 9 00 1
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		cords, enter the name of the new
Name of New Registered Agent:		π; ••••••••••••••••••••••••••••••••••••
New Registered Office Address:	Enter Florida street a	uldi હદક
		Playlda
	City	, Florida 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

MGR = Manager

Fax: 13056701991

To:

Fax: (850) 617-6383

Page: 4 of 5

10/09/2019 12:50 PM

☐ Change

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

AMBR = Authorized Member			
Title	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
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. <u>(1 811</u>)	ending any other information, enter change(s) here: (Auach additional sheets, if necessary)	
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Note:	lve date, if other than the date of filing: (optional) cerive 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.	0207 (2 d as th
) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filled.	r of:
Dated	10/9/2019. A	
	Signature of a momber obouthorized representative of a member	
	Cullina PASTARE	

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