

From: Leticia Sosa  
12/3/21, 2:46 PM

Fax: 1-857-7429-43

To: FDS (Division of Corp)

Fax: 850-617-6383

Page: 1 of 4

12/15/2021 11:34 AM

**LO6000074525**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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From:  
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Account Number : I20200000189  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SPECIAL DIVISION LATINO AMERICA LLC**

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SPECIAL DIVISION LATINO AMERICA LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 07/27/2006 and assigned  
Florida document number L06000074525.

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: \_\_\_\_\_

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

Enter new mailing address, if applicable: \_\_\_\_\_

*(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**

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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	PUNTO SUR MANAGEMENT	255 ARAGON AVE 2ND FLOOR	<input type="checkbox"/> Add
		Miami FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GUILLERMO J PASTORE	255 ARAGON AVE 2ND FLOOR	<input type="checkbox"/> Add
		Miami FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA DE LA PAZ TOME	255 ARAGON AVE 2ND FLOOR	<input type="checkbox"/> Add
		Miami FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDO GONZALEZ	255 ARAGON AVE 2ND FLOOR	<input checked="" type="checkbox"/> Add
		Miami FL 33134	<input checked="" type="checkbox"/> Remove
			<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

[illegible]

THE  
SECRETARY OF STATE  
DIVISION OF CONSTRUCTION  
2021 DEC 15 AM 10:17

Dated December 03, 2021

Signature of a member or authorized representative of a member

Guillermo Pastore  
Typed or printed name of signer