(Red	questor's Name)	
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COVER LETTER

	istration Se ision of Cor			
	Latam Real	ty, LLC		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub.	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Daniel A. Kaskel		
		Sachs Sax Caplan, P.I	Name of Person	
		6111 Broken Sound Parkw	Firm/Company ay NW Suite 200	
		Boca Raton, Florida 33487	Address	
		michelbesso@kgroupholdin	City/State and Zip Code gs.com	
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please co	dh:	
Daniel A. Ka	iskel		561 994-4499 at ()	
_	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F		□ \$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



Latam Realty, 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 I	.iability Company were filed	l on July 29, 2010	and assigned
Florida document number L10000079694	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability comp	oanv here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		A 46. 90
		71	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
	<u> </u>	12,	<u>.</u>
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>ent</u>	er the name of the nev
Name of New Registered Agent:	Daniel A. Kaskel		
New Registered Office Address:	6111 Broken Sound Parkw	ray NW Suite 200	
	E.	nter Florida street address	
	Boca Raton	, Florida _	33487
	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, <u>enter the title, name, and address of each person_being adde</u> <u>or removed from our records</u>:

. MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ecord specifies a delayed	d effective date, but no	ot an effective tid	ne, at 12:01 a.n	n, on the earlier
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August 26	2019			
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	Signature of a member of author	one d representative o	f a member	

Page 3 of 3

Filing Fee: \$25.00