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SECRETARY OF STATE FALLAHASSEE. FLORIDA

COVER LETTER

SUBJECT: Laty CATEVING EXPRESS, LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:		
Alexander Milian Name of Person	2011 SEI	
Firm/Company 331 Macherya Ave Rot 4. Address Chal Gables Fl 33134. City/State and Zip Code	JUL - 6 PM 4: 15 CRETARY OF STATE LAHASSEE, FLORIDA	FILED
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (71) 322-0044 Name of Person Area Code & Daytime Telephone Number	<u>. </u>	
(additional copy is enclosed) Certified C	of Status &)

Registration Section

Division of Corporations

TO:

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 CHEVING EXPRESSILL	
(Name of the Limited Liablity Company as it now appears on our records.) (A Florida Limited Liability Company)	
1 1	
The Articles of Organization for this Limited Liability Company were filed on 1131/11 and assigned	l
Florida document number <u>L11000012808</u>	
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 end with the words "Limited Liability Company." the designation "Per or Babbres	
"L.L.C."	таноп
Processor and a final afficient form of the first transfer for the f	77
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	77
	-4
ORL	
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 registered agent and/or the new registered office address here:	new
Together and the new registered winer address nere.	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
Enter Florida street address	
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 wi the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	th .m.t
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document	is
the state of the s	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add 🔲 Remove Remove $\square \Lambda dd$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Accesson s. authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00