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~ SIMMONS MAR 07 2020

COVER LETTER

Division of Corpo	orations		
SURJECT: Lathi	nk America Name of Lim	LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Gabriel	F. Valencia Name of Person	
		Name of Person	<u> </u>
	Lathink	Firm/Company	
	•	Firm/Company	
	601 Bric	Kell Key Dr. So	vite 700
		Address	
	Miami	FL 33131 City/State and Zip Code	
		City/State and Zip Code	-
	U5a @	lathink com	
	E-mail address: (lathin K. com to be used for future annual report notifi	ication)
For further information cor	icerning this matter, please ca	all:	
Gabriel F	Valence	305 . 644	6484
Name of 1	Person	at (305) 898 Area Code Daytime	Telephone Number
		ŕ	•
Enclosed is a check for the	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)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

(Name of the Limited Liat (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)
	y Company were filed on $11/30/2011$ and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the li	imited liability company here:
The new name must be distinguishable and contain the words "E	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	601 BRICKELL KEY DZ. SUITE 700
Principal office address MUST BE A STREET ADd	DRESS) MIAMI, PL 33131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2020 FEB 1 3
ngent and/or the new registered office address here	E: 28
Name of New Registered Agent:	GABRIEC F. VALENCIA
New Registered Office Address: 6	dment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company." the designation "LLC" or the abbreviation "LLC." In principal offices address, if applicable: Indicate address MUST BE A STREET ADDRESS) Inding address, if applicable: Indicate address MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the
	MIAMI, Florida
New Registered Agent's Signature, if changing Registe	ered 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>	<u>Name</u>	Address	Type of Action
MGR	Sara Juliana Valencia Betancur		🗆 Add
		2199 Ponce de Leon Blud ste a	<u>⊘</u> Kemove
		2199 Ponce de Leon Blud ste a coral 6ables, FL 33/34	□Change
			□Add
			□Remove
			Cachange Cachange Cachange Cachange Cachange Cachange Cachange
		1	Remove
			Coto hange
			🗆 Add
			□Remove
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			□Remove
			Change
	······································		□ Add □ Remove
			□ Change

Page 2 of 3

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Tective date, if	other than the date of filing:	(optional)	
ote: If the date in	isted, the date must be specific and cannot be prior to date of filing or more serted in this block does not meet the applicable statutory filing t		
ocument's effecti	ve date on the Department of State's records.		
record speci	fies a delayed effective date, but not an effective tin	ne at 12:01 a.m. on the earlier	. 01
	after the record is filed.	,	
= 1	10+10 2020		
ated 120 m	1/1 10th 2020		
	/ 	_	
	- to fam / love		
	Signature of a member or authorized representative of	f a member	