# L13000124885

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BUSES LATAM LLC SUBJECT: 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: CESAR R. MARIN Name of Person BUSES LATAM LLC Firm/Company 447 SW 36TH AVENUE Address MIAMI, FL 33135 City/State and Zip Code CESAR@VOYENBUS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CESAR R. MARIN 315-8665 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee **S30.00** Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

# TO ARTICLES OF ORGANIZATION OF

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	ROSES LATAM CL		***	1 4 6 2
(Name of the Limite	ed Liability Company as it n (A Florida Limited Liability C	ow appears on ompany)	our records.)	
The Articles of Organization for this Limited Li Florida document number L13000124885	ability Company were fil	ed on	/2013	and assignc
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability con	npany here:		
GLOBAL BUSES LLC				
The new name must be distinguishable and contain the w	ords "Limited Liability Comp	any," the design	ation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			
B. If amending the registered agent and/or reagent and/or the new registered office addres	-	on our recor	ds, <u>enter the</u>	name of the new re
Name of New Registered Agent:			- + +	
New Registered Office Address:	<del></del>	Enter Florida s	treet address	
			•	
	City		, Florids	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 v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Act
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contacted by a collection company looking for the owners.    contacted by a collection company looking for the owners.	N.	AMED "LATAM BUSES INC" THAT APPARENTLY HAS SOME ISSUES BECAUSE WE WERE
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