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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Co	rporations		
VISTA LA	ATINA TECHONOLOGIES, LL	С	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fec(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	JUAN VICENTE URDAN	ETA	
		Name of Person	
	JUAN VICENTE URDAN	ETA, P.A.	
		Firm/Company	
	2655 S. LE JEUNE ROAD	SUITE 522	
		Address	
	CORAL GABLES, FLORI	DA 33134	
		City/State and Zip Code	
	JVUR@AOL.COM		
	E-mail address: (16	be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	11:	
JUAN VICENTE URD	ANETA	305 728-1319	
Name	of Person		Telephone Number
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)

MAILING ADDRESS:

TO:

Registration Section

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

VISTA LATINA TECHONOLOGIES, 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 $\frac{10/23/2013}{10/23/2013}$ and assigned Florida document number L13000149390 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

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action	
AMBR	Darwin Morales	2655 S. LE JEUNE ROAD	≅ Add	
		SUITE 522	□ Remove	
		CORAL GABLES, FL 33134	☐ Change	
AMBR	Carlos Tilac	2655 S. LE JEUNE ROAD	= Add	
		SUITE 522	☐ Remove	
		CORAL GABLES, FL 33134	☐ Change	
AMBR JORDAN DA	JORDAN DAVILA	2655 S. LE JEUNE ROAD	■ Add	
		SUITE 522	☐ Remove	
		CORAL GABLES, FL 33134	☐ Change	
AMBR JOSE DA	Jose DAVILA	2655 S. LE JEUNE ROAD	Add 5	
		SUITE 522		
		CORAL GABLES, FL 33134	Constitution of the consti	
AMBR LAURA RODRI	LAURA RODRIGUEZ	2655 S. LE JEUNE ROAD	53. 53	
		SUITE 522	□ Remove	
		CORAL GABLES, FL 33134		
AMBR RENE A	RENE MONTILVA	2655 S. LE JEUNE ROAD	a Add	
		SUITE 522	□ Remove	
		CORAL GABLES, FL 33134	Change	
		***************************************	Change	

AMBR

OSWALDO SALAZAR

2655 S. LE JEUNE ROAD

ADD

SUITE 522

CORAL GABLES, FL 33134

AMBR

LENNIN CARO

2655 S. LE JEUNE ROAD

ADD

SUITE 522

CORAL GABLES, FL 33134

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ite: If the date inserted in this	ne date of filing: ust be specific and cannot be prior to date block does not meet the applicable s Department of State's records.	(option of the control of the contro	filing.) Pursuant to 60	- 5.0207 ted as
record specifies a delayon The 90th day after the re	ed effective date, but not an ecord is filed.	effective time, at 12:01 a	.m, on the earl	ier o
ted				
	Signature of a member or authorized	tennesentative of a member		
	Signature of a memori of annoused	representative of a monitori		

Page 3 of 3

Filing Fee: \$25.00