L14000067379

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COVER LETTER

TO: Registration Section **Division of Corporations**

_ATAM CARGO LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



Name of Person"

Just High Tech Corp

Firm/Company

10590 NW27th St. Suite E-102-103

Address

Miami FI 33172

City/State and Zip Code

ninotchka hecht@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ninotchka Hecht

Name of Person

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)

Certificate of Status & Certified Copy

□ \$60.00 Filing Fee,

(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 CARGO LLC

(Name of the Limite	d Liability Com	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L1400067379 This amendment is submitted to amend the followard. If amending name, enter the new name of	bility Compar	ny were filed on 04/25/2014	and assigned
N/A	,		71
The new name must be distinguishable and end with the w	ords "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	4624 NW 74TH AV.	
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI FL 33166	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered		enter the name of the n
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
		. Flori	da
		City	Zip Code
N D 1 . 1 . 1 D . 1 . 1 . 1			

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 t 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
		N/A	Add
			□ Remove
			31. (====================================
			* >=-
		-	: [] Add
			Remove
			Add
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			Add
			☐ Remove
			<u> </u>
	-17		
			Remove

ective date, if other than the date of filing:
effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days and date this document is filed by the Florida Department of State)
ed ////_//
* SASTIN
Signature of a member or authorized representative of a member
ALEJANDRO MONTEFUSCO

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Filing Fee: \$25.00

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