# L14000124135

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SECRETARY OF STATE

FILED

# **COVER LETTER**

TO: Registration Section Division of Corpo			
SUBJECT:	i i	nics LLe	
	Name of Limi	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Rona	n O. Ordone	<b>7</b>
		n O. Ordonero Name of Person Latintronics LL	
		Firm/Company	
	1376	5 NW 5th DIR	
	Ronan E-mail address: (1	City/State and Zip Code  5040 amail. Co to be used for future annual report notification.	ention)
For further information con-	cerning this matter, please ca	all:	
	rdonez	at ( <u>186</u> ) 553-J	78 (
Name of Po	erson	Area Code Daytime 1	elephone 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:

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

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Latintroni	cs.LLC	TÄLLÄHASSFE, FLORIDA
(Name of the Limited Liabi (A Floric	lity Company as it now appears o la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>14000 134135</u>	Company were filed on	8/07/30/4 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
The new name must be distinguishable and end with the words "L	imited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	City	, Florida 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 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

Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member Title **Type of Action** Name Ronan, Ordonez D. 13763 New 5th Due □ Add N. Miumi, FC 33/68 Remove MER Ronan Ordonez O. 13765 NW 5th Ave N. Miami, Fl 33/68 ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove □ Add □ Remove

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

If amending any oth	er information, ente	er change(s) here: /	Attach ad	lditional sheets, if neces	sary.)
•	Change	my title	to	MGR.	
•	J	(			
<del></del>				<u></u>	
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Effective date, if other (The effective date must be the date this document is	specific, cannot be prior	to date of receipt or filed	date and car	(option	
Dated <u>08///</u>	/2014	2014			
		)m (0)			
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Filing Fee: \$25.00

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