

L14000128610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

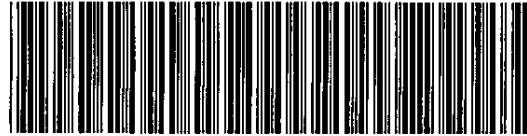
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA

2014 OCT 15 PM 12:22

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OCT 20 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2014

ALEJANDRO ROMERO  
665 NE 25TH ST, STE 1803  
MIAMI, FL 33137

SUBJECT: SJC LATAM, LLC  
Ref. Number: L14000128610

We have received your document for SJC LATAM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 814A000211

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT 15 PM 12:22

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SJC LATAM, LLC**

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:

**Alejandro Romero**

Name of Person

**SJC LATAM, LLC**

Firm/Company

**665 NE 25th ST - Ste 1803**

Address

**Miami, FL 33137**

City/State and Zip Code

**aromero@novar.us**

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

For further information concerning this matter, please call:

**Alejandro Romero**

Name of Person

at **715 4975026**

Area Code

Daytime 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:**  
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

FILED  
2014 OCT 15 PM 12:22  
TALLAHASSEE, FL  
FILING CLERK  
J. L. HARRIS

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

**SJC LATAM, 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 August 15, 2014 and assigned  
Florida document number L14000128610.

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 end with 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*

*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**

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Valentina Serrano	665 NE 25th ST - Ste 1803	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
MGR	Andres Marquez	665 NE 25th ST - Ste 1803	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 25, 2014

Signature of a member or authorized representative of a member

Alejandro Romero

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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