

L14000129575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300271964993

04/22/15--01003--024 \*\*30.00

15 APR 22 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Stivers APR 30 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LATAM CARGO USA 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:

**NINOTCHKA HECHT**

Name of Person

**JUST HIGH TECH CORP**

Firm/Company

**10590 NW 27TH ST. SUITE E-102-103**

Address

**MIAMI FL 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**

**786 3800145**

at ( )

Name of Person

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

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

**LATAM CARGO USA 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 08/08/2014 and assigned Florida document number L14000129538.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:**

N/A

**(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:

N/A

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>
AMBR	FERNANDO FERNANDEZ	CONDOMINIO PUERTA DE HIERRO	<input checked="" type="checkbox"/> Add
		CASA NRO. 25, SANTA ANA	<input type="checkbox"/> Remove
		SAN JOSE DE COSTA RICA	
AMBR	ROSANGELA MOCO	10360 SW 212TH ST. APT.1	<input checked="" type="checkbox"/> Add
		CUTLER BAY , FL 33189	<input type="checkbox"/> Remove
MGR	RIGOBERTO ACOSTA	1900 N BAYSHORE DR.APT.4904	<input checked="" type="checkbox"/> Add
		MIAMI FL 33132	<input type="checkbox"/> Remove
MGR	LAURA G APARCEDO	4624 NW 74TH AV	<input type="checkbox"/> Add
		MIAMI FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 APR 2015 PM 1:45  
 HALL COUNTY STATE  
 HALL COUNTY FLORIDA

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

---

---

---

---

---

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 04/01, 2015

Signature of a member or authorized representative of a member

FERNANDO FERNANDEZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 APR 22 PM 1:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA