

214 000129578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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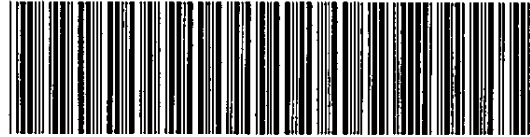
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 25 2015

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

LATAM CARGO USA, LLC

**SUBJECT:** \_\_\_\_\_  
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:**

ROSANGELA MOCO

Name of Person

LATAM CARGO USA, LLC

Firm/Company

4624 NW 74TH AVE,

Address

MIAMI, FLORIDA, 33166

City/State and Zip Code

**RMOCO@LATAMCARGOUSA.COM**

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

**For further information concerning this matter, please call:**

ROSANGELA MOCO	786	717.4607
_____ 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 contain 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:

ROSANGELA MOCO

New Registered Office Address:

4624 NW 74TH AVE,

*Enter Florida street address*

MIAMI

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.*

*Rosangelall*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMGR	ROSANGELA MOCO	1900 N BAYSHORE DR.	<input type="checkbox"/> Add
		APT 4904 MIAMI FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	FERNANDO FERNANDEZ	CONDOMINIO PUERTA DE	<input type="checkbox"/> Add
		HIERRO, CASA N25, SANTA	<input checked="" type="checkbox"/> Remove
		ANA, SAN JOSE, COSTA RICA	<input type="checkbox"/> Change
MGR	RIGOBERTO ACOSTA	10360 SW 212TH ST APT 1	<input type="checkbox"/> Add
		CUTLER BAY, FL, 33189	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROSANGELA MOCO	1900 N BAYSHORE DR.	<input checked="" type="checkbox"/> Add
		APT 4904 MIAMI FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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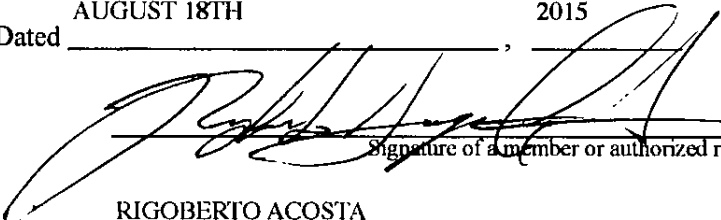
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 18TH, 2015



Signature of a member or authorized representative of a member

RIGOBERTO ACOSTA

Typed or printed name of signee