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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	? #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Sec Division of Corp		·		
SUBJEC		T C A, LLC			
SOBSEC	,	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		CARLOS A GONZALEZ	MORAN		
			Name of Person		
			Firm/Company		
		20911 JOHNSON ST. STE	E 102		
			Address		
PEMBROKE PINES, FL 33029					
			City/State and Zip Code		
		E-mail address: (to be used for future annual report notific	ration)	
For furthe	er information co	oncerning this matter, please ca	all:		
CARLOS A GONZALEZ MORAN 786 817.4733 at ()					
	Name of	Person		Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	0 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

LATINSOFT C A, LLC					
(Name of the Limi	ted Liability Compan (A Florida Limited L	iy as it now appear iability Company)	rs on our records.)	-	
The Articles of Organization for this Limited L	iability Company v	were filed on 12/	/09/2014	and ass	igned
Florida document number L14000188158					
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabi	lity company he	e <u>re</u> :		
N/A					
The new name must be distinguishable and contain the v	words "Limited Liabili	ty Company," the d	esignation "LLC" or the abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:		N/A			4.
(Principal office address MUST BE A STREET ADDRE		·		7	<u> </u>
				- 8	1
Enter new mailing address, if applicable:		N/A		PH	
(Mailing address MAY BE A POST OFFICE	BOX)			بن	44
Training united Maria BE 711 OST OFFICE BOX				28	
B. If amending the registered agent and registered agent and/or the new registered or			our records, enter the	name	of the ne
Name of New Registered Agent:	CARLOS A GONZALEZ MORAN				
New Registered Office Address:	20911 JOHNSO	N ST. STE 102			
	-	Enter Flor	ida street address		
	PEMBROKE PI	NES	, Florida ³³⁰²⁹		
		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 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>	Address	Type of Action		
MGR	JOSE L GONZALEZ MORAN	20911 JOHNSON ST. STE 102			
		PEMBROKE PINES, FL 33029	Remove		
			Change		
MGR	NUMA J GONZALEZ MORAN	20911 JOHNSON ST. STE 102	Add		
		PEMBROKE PINES, FL 33029	■ Remove		
			☐ Change		
MGR	CARLOS A GONZALEZ MORAN	20911 JOHNSON ST. STE 102	■ Add		
		PEMBROKE PINES, FL 33029	Remove		
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		MARCH 21, 2	017			
ctive date, if other than the	e date of filing	p:		(0)	ptional)	iant to 605.0
: If the date inserted in this b	olock does not n	neet the applicabl	e statutory filing	requirements,	this date will n	ot be listed
ment's effective date on the I	Department of S	State's records.				
			,,	,		!
			in effective ti	me, at 12:0	1 a.m. on tr	ne earlier
	cora is filed.					
	cora is filed.					
e 90th day after the re	cora is filed.	2017				
ecord specifies a delayer e 90th day after the re	cora is filed.					
e 90th day after the re		, 2017				17
e 90th day after the re			red representative o	of a member		17 FE
e 90th day after the re	Signature of a	, 2017	ed representative of	of a member		17 FEB 29

Page 3 of 3

Filing Fee: \$25.00