L14000193629

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CORPORATE ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY	
XX	РНОТОСОРУ	 _
	CUS	
XX	FILING	LLC AMEND
1.	305 - MOBILE, LLC	
	(CORPORATE NAME AND DOCU	MENT #)
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SPECIAI	LINSTRUCTIONS:	

COVER LETTER

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ATTO TOVET.	305-Mobile			
SUBJECT:		Name of Lum	ted Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.	
		indence concerning this matter		
		Luis G. Coello		,
			Name of Person	·
		305-Mobile, LLC		
			Firm Company	
		PO Box 260335		
			Address	M
		Miami, Florida 33126		
			City State and Zip Code	
		Igcoello@gmail.com		
		E-mail address: (I	o be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please er	all:	
Luis G. Coe	llo		305 790-8400 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25 00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60.00 Filing Fee, Certificate of Statu Certified Copy radditional copy is enclosed.
· · · · · · · · · · · · · · · · · · ·	iling Addres gistration (Street Address: Registration S	Section
Di	vision of C	orporations	Division of C	orporations
n a	D. Box 632	7	The Centre of	Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 NOV 14- PM 12: 29 305-Mobile, 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 $\frac{12}{22/2014}$ Florida document number <u>L14000193629</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Latin-Mobile, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

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.

Cin

🔼, Florida 🔙

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>	Name	Address	Type of Action
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			□Change
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ective date, if other than th reffective date is listed, the date m		to date of filing or more than	(optional) 00 days after filing.) I	Pursuant to 605,020
te: If the date inserted in this brument's effective date on the l			ements, this date w	ill not be listed a
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ecord specifies a delayed effects	we date, but not an effective ti	me, at 12:01 a.m. on the ea	arlier of: (b) The	90th day after the
s filed.				
November 13	2024	~ 1 .		
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	MIL	Valle		

Typed or printed name of signee