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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATIO

JUN 1 6 2015

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## **COVER LETTER**

TO: Registration Section  Öivision of Corporations
SUBJECT: CONEXIONES LATINAS DE FlorigA 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:
MARIA DEL CARMEN B. TAYlor  Name of Person  CONEYIONES LATIMAS DE PLONIDA LLC  Firm/Company
6886 N. KBNDALL Dr. <b>D</b> 303
MAMI, Pl 33156  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  MARICE 72 @ hotmail. com  For further information concerning this matter, please call:
MARIA DEL CARMEN 3. TAYlor at (786) 930 - 9990  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Secretificate of Status Secretificat
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

CONEXIONES LATINAS DE PLOTIDA 226

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)	
iability Company were filed on $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	02 /27/2015 and assigned
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f the limited liability company here	
ords "Limited Liability Company," the des	ignation "L.L.C." or the abbreviation "L.L.C."
able: TADDRESS)	
<u>6886 R</u> <u>MI AH</u> i	). KenDALLDR : D 303 , Fl 33156
ffice address here:	our records, enter the name of the new
6886 N. KEN	OALL OF. 0303
MIAM i  City	a street address , Florida 33/56  Zip Code
Registered Agent:	
er and complete performance of mistered agent as provided for in Chiregistered office address, I hereby change.  If Changing Registered Agen	pacity. I further agree to comply with the my duties, and I am familiar with and apter 605, F.S. Or, if this document, is confirm that the limited liability OF CORPORATION. STATE OF CORPORATION. STATE OF STATE
	owing:  The limited liability company here  ords "Limited Liability Company." the desirable:  TADDRESS)  Or registered office address on office address here:  MANA DEL CARA  Enter Florida  MIAMI  City  Registered Agent:  d agent and agree to act in this caler and complete performance of mare strength agent as provided for in Chregistered office address, I hereby

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address** Title <u>Name</u> DEHORAH R. SLATER 9385 SW 77 Ave Apt 1031 □ Add MIAMI, F/33156 \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change ☐ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Filing Fee: \$25.00