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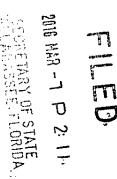
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## COVER LETTER

Division o	Corporations	
LATA	M TRAINING INSTITUTE LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	JUAN A GONZALEZ	
	Name of Person	
	LATAM TRAINING INSTITUTE LLC	
	Firm/Company	
	120 SW 8TH STREET	
	Address	
	MIAMI, FL 33130	
	City/State and Zip Code	
	RRODRIGUEZCPA@GMAIL.COM	
For further informa	E-mail address: (to be used for future annual report notification) ion concerning this matter, please call:	
RAQUEL RODRIG	GUEZ 786 286-9564	
N	at () ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	ce S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

TO:

Registration Section

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 TRAINING INSTITUTE LLC		
(Name of the Limited I. (A F	iability Company as it now appears on our re- lorida Limited Liability Company)	cords,)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number [1.16000003097	-	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he 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	·	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
If amending the registered agent and/or in egistered agent and/or the new registered office	registered office address on our reco	ords, enter the name of the n
egistered agent and/or the new registered office	audress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street oa	dress
		· •
_	City	, Florida

#### 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

Page 1 of 3

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 Mcmber

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES I ORTUÑO	120 SW 8TH STREET	
		MIAMI, FL 33130	□ Remove
			Change
MGR	JUAN A GONZALEZ	120 SW 8TH STREET	
		MIAMI, FL 33130	□ Remove
			■ Change
		The state of the s	Remove
			□ Change
	49049-74-74-74-74-74-74-74-74-74-74-74-74-74-		Add
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Tective date, if other than the date of an effective date is listed, the date must be speote: If the date inserted in this block do norment's effective date on the Department.	es not meet the applicable st ent of State's records.	tatutory filing requireme	ents, this date will no	t be listed
record specifies a delayed effective for the specifies and specifies a delayed effect for the record is	ctive date, but not an filed.			
The 90th day after the record is	ctive date, but not an a filed.  2016		<u>/</u>	
The 90th day after the record is	filed.			
The 90th day after the record is  MARCH 2  ted	filed.  2016		A STATE OF THE STA	name proof
Signat	filed.	representative of a member 50NZALE	A STATE OF THE STA	

Filing Fee: \$25.00