LIGOOOGIGII

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000305007710

11/13/17--01016--027 **25.00

HOV 1 A PRIS

COVER LETTER

Division of Cor	porations		
SUBJECT:	My Fi Ti	ravel Brasil,	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ndence concerning this matter	to the following:	
	Es	gar R. Matta	_
		Name of Person	
	ERM	Enterprise (Corp
	2500 Sc	O 107 Ave #	18
		Address	·
	miam	i Fl 33165	
	edgarma to	City/State and Zip Code Labell South. No to be used for future annual report notifi	et
	F-mail address: (to be used for future annual report notif	fication)
For further information co	oncerning this matter, please c	all:	
Edgar	R. Matta	at (305) 221 - 8	7142
Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MYFI Trave	1 Brasil,	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our reco bility Company)	rds.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>LIGODOGGIGII</u> .	ere filed on $3/\sqrt{8}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	y company here:	
The new name must be distinguishable and end with the words "Limited Liability		
Enter new principal offices address, if applicable:	1155 Bri	ckell Bay Drive
(Principal office address MUST BE A STREET ADDRESS)	HPT 2	310 '
	miami	Fl 33131
Enter new mailing address, if applicable:	SAV	ne as above
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our recor	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	, I	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<i>,</i>	esp cour
The state of the s		

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>`itle</u>	<u>Name</u>	Ac	ddress		Type of Action
MGR	<u>L</u> ATCOM	Horizons, L	LC 1155	Brickell B.	gy Dr. XAdd
					□ Remove
		_	miami	F1 3:	3131
NGR	Servicios de	Conectividad	Global, Sc		Add
			calle C	Donnell	12, 8 Remove
			Madri	d, Spain	
					Add
	;	_		· · · • · · · · · · · · · · · · · · · ·	□ Remove
					□ Add
			. —	W 10-10-0	□ Remove
		_			2617
					Add S
		_			Remove
		_		.	Remove P 2: 3
					Remove

,	1			
		e date of filing:	f or filed date and cannot be a	(optional) nore than 90 days after
e date this d			or filed date and cannot be t	(optional) nore than 90 days after
			f or filed date and cannot be i	(optional) nore than 90 days after

Page 3 of 3

Filing Fee: \$25.00