

L16000061611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

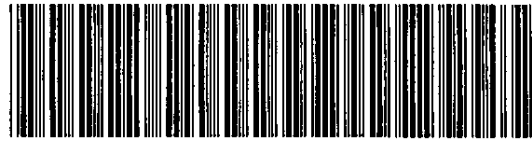
(Business Entity Name)

(Document Number)

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NOV 14 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MyFi Travel Brasil, 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:

Edgar R. Matta  
Name of Person  
ERM Enterprise Corp  
Firm/Company  
2500 SW 107 Ave #8  
Address  
Miami FL 33165  
City/State and Zip Code  
edgar.matta@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgar R. Matta at 305 221-8142  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
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

MYFI Travel Brasil, LLC

257 NOV 13 PM 2:33  
Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LATCOM HORIZONS, LLC	1155 Brickell Bay Dr.	<input checked="" type="checkbox"/> Add
		Apt. 2310	<input type="checkbox"/> Remove
		miami FL 33131	
MGR	Servicios de Conectividad Global, SL	Calle O'Donnell 12, 8	<input checked="" type="checkbox"/> Add
		Madrid, Spain	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/8/2017, \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Martin Hackett

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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