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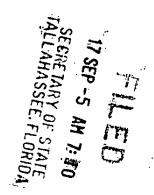
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#### **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJE	LATICO GI			
SCHOL	C1		ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		JULIA E MALDONADO	BOWEN	
			Name of Person	
		LATICO GROUP LLC		
			Firm/Company	
		80 NW 22ND AVE		
			Address	•
		MIAMI, FL 33125		
			City/State and Zip Code	
		lizmb@msn.com		
		E-mail address: (	to be used for future annual report notific	cation)
For furtl	her information co	oncerning this matter, please ca	all:	
JULIA	E MALDONADO	) BOWEN	786 307-5020 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATICO GROUP LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 01/02/2017	and assigned
Florida document number L16000191713		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the	bieviation 'L.L.C."
Enter new principal offices address, if applicable:		SEP
(Principal office address MUST BE A STREET AD	ODRESS)	D Ch Street
Enter new mailing address, if applicable:	- LOX	A SIA
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u>	the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Cny	zip Code

#### 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

## 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>	<u>Name</u>	Address	Type of Action
DIR	ELSA ALVAREZ	80 NW 22ND AVE	
		MIAMI, FL 33125	Remove
			☐ Change
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days te: If the date inserted in this block does not meet the applicable statutory filing requirements	after filing.) Pursuant to 605.0207 this date will not be listed as
cument's effective date on the Department of State's records.	•
record specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of
The 90th day after the record is filed.	
AUGUST 31 2017	
(1) A N.	
Signature of a member or authorized representative of a member	
JULIA E MALDONADO BOWEN	

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Filing Fee: \$25.00