

L1600022747

Florida Department of State  
Division of Corporations  
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((H17000286038 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : JELEN ACCOUNTING SERVICES, INC  
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Phone : (305)591-9180  
Fax Number : (305)591-9167

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Email Address: info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LATAMCS, LLC

|                       |         |
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| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

2017 OCT 31 AM 8:45

2017 OCT 31 AM 9:03

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2017 OCT 31 AM 9:03  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
FLORIDA

LATAMCS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/08/2016 and assigned  
Florida document number L16000222747.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 ADDRESS**) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address **MAY BE A POST OFFICE BOX**) \_\_\_\_\_

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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



Lined area for text entry.

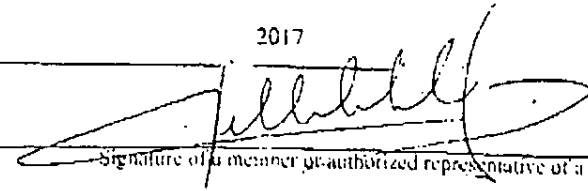
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (5)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed,

Dated OCTOBER 03 2017  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
CHRISTIAN VILLALOBOS  
\_\_\_\_\_  
Typed or printed name of signee



October 31, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LATAMCS, LLC  
191 SW 12 STREET  
MIAMI, FL 33130

SUBJECT: LATAMCS, LLC  
REF: L16000222747

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Document is too dark to read

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Octavia L Simmons  
Regulatory Specialist II  
Registration Section

FAX Aud. #: H17000286038  
Letter Number: 617A00021928

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314