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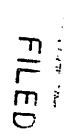
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SECRETARY OF STAIL AND SO



## **COVER LETTER**

TO: Registration Se Division of Cor			
(14 15 14 - CVF)	LATAM BR	AND GRUGO L	LC
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter (	to the following:	
	LUSTIN	R. Flnocchi	310
		Name of Person	
		Firm/Company	
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		, <u>-</u>	<del></del>
	Memi, F	City/State and Zip Code	
		City/State and Zip Code	
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For further information e	concerning this matter, please ca		
WITZW	R. Finocchiaro	at ( <u>486</u> ) <u>300 –</u> Area Code Daytim	8251
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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, F1, 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

(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 State OF Flowed Aind assigned Florida document number L 17000073144 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 Cin 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>	Name	Address	Type of Action
MGR	GUSTAVO E. CPPEL	20900 NE 30 th Ave PFloor AVENTURA, FC 33180	D Add
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tive date, if other than the date of filing:	(optional)
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g. If the date inserted in this block does not meet the applicable statutory filing requiremement's effective date on the Department of State's records.	ents, this date will not be liste
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Signature of a n/ember or authorized representative of a member	F .

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Filing Fee: \$25.00