Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

from:

Account Name : E & F LATIN GROUP LLC

Account Number : 128160000049 Phone : (954)384-8565

: (954)385-5175

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SINGER ISLAND ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

JUL 18 2020

I ALBRITTON

Electronic Filing Monu Corporate Filing Monu

Help

COVER LETTER

TO: Rep	gistration : vision of C	Section Orporations		
		ISLAND ENTERPRISE LLC		
SUBJECT:				
		Name of Li	mited Liability Company	·
		f Amendment and fee(s) are su		
Please return	all corresp	ondence concerning this matte	r to the following:	
		LUZ ESPITIA		
			Name of Person	
		E & F LATIN GROUP L	LC	
			Firm/Company	
		1820 N CORPORATE LA	AKES BLVD SUITE 109	
			Address	
		WESTON, FL 33326		
			City/State and Zip Code	
		LUZ@EFLATINACCOU		
			to be used for future annual report	notification)
		concerning this matter, please c	all:	
LUZ ESPITI.	· <u> </u>		954 385 8565	5
	Name o	f Person	at () Area Code Day	rtime Telephone Number
Enclosed is a	cheek for t	he following amount:		
■ \$ 25,00 F)		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg	ing Address istration S		Street Address: Registration Division of t	Section
	Box 632		Division of C The Centre o	Frallahassee
Tall	ahassee. I	FL 32314	2415 N. Mon Tallahassee,	troc Street, Suite 810 FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1000 J.3 1.3 PH 12: 08

SINGER ISLAND ENTERPRISE LLC

(Name of the Limited Link (A Flor	pility Company as it now appears on our records.	0
The Articles of Organization for this Limited Liability Florida document number <u>L17000134203</u>	Company were filed on 06/20/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited 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 ADI	ORESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent und/or register- agent und/or the new registered office address here:	ed office address on our records, <u>enter th</u> :	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floricki street address	
	, Flori	ida
V . 15 . 1	, C. di.	s.yr Cone

New Registered Agent's Steinsture, 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 fifte, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
A R	ESPITIA, LUZ	1820 N CORPORATE LAKES BLVD SUITE 109	DAdd
		WESTON, FL 33326	■Remove
			Change
MGR	BARREIRO, MIGUEL A.	1820 N CORPORATE LAKES BLVD SUITE 109	≅ Add
		WESTON, FL 33326	🗆 Renюve
			□Change
			□Add
			□Remove
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on effective date is listed, the date mus ote: If the date inserted in this blo	t be specific an ack does not i	d connot be prior meet the applic	to date of filing or meable statutory filin	ore than 90 days after requirements, the	r filing.) Pursuant to 64 is date will not be li	05.0207 sted as
penment's effective date on the De	epartment of !	State's records		5 (• 4 • · · • • · · · · · · · · · · · · · ·		
record specifies a delayed effective is filed.	e date, but no	t an effective ti	ime, ut 12:01 s.m. c	on the earlier of: () The 90th day af	ter the
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		In	nrized supresentative	Lipidio	R	
	Signature of a	7 7				

Filing Fee: \$25.00

Typed or printed name of signee