



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 : (850) 617-6383

From:

Account Name : TRAMILEX LLC
Account Number : I20150000056
Phone : (786) 469-9163
Fax Number : (305) 846-3716

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LM LATAM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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JUN 20 2019

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Corporate Filing Menu

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4190001910325

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LM LATAN 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:

LEON G PALLARES

Name of Person

LM LATAN LLC

Firm/Company

8660 W FLAGLER ST STE 207

Address

MIAMI FL 33144

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEON G PALLARES

Name of Person

at (305)

Area Code

848-3716

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

APPROVED
AND
FILED

2019 JUN 19 PM 5:12

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LM LATAN 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 06/23/2017 and assigned
Florida document number L17000137078

This amendment is submitted to amend the following:

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

N/A

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)

8660 W FLAGLER ST STE 207

MIAMI, FL 33144

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8660 W FLAGLER ST STE 207

MIAMI, FL 33144

**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:

TRAMILEX LLC

New Registered Office Address:

8660 W FLAGLER ST STE 207

Enter Florida street address

MIAMI

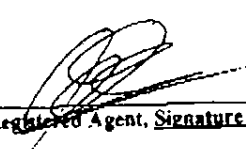
City

Florida 33144

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

419000111070

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

APPROVED
FEB 14 2019
PHOTOGRAPHY

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NA


Handwritten lines for amending information.

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E. Effective date, if other than the date of filing: NA (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 (3)(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 June 19th 2019



Signature of a member or authorized representative of a member

LEON G PALLARES

Typed or printed name of signee

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