## K17000153053

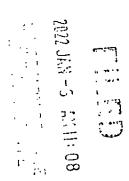
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## **COVER LETTER**

TO: Registration S Division of Co			
	nerica Pack & Ship LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ramon A Almengo Alcan	tara	
		Name of Person	
	Latino Pack & Ship LLC		
		Firm/Company	
	3258 Cleveland Ave		
	-	Address	
	Fort Myers, FL 33901		
City/State and Zip Code			
	almengocargoexpress@gma	ail.com (to be used for future annual report notification)	- 267
For further information	concerning this matter, please c	·	2022 JAN -6 AX 11: CB
Ramon A Almengo Alc	antara	239 295-2200 at ( )	<u> </u>
Name	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for	the fallowing amount		1:08
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
Mailing Addro Registration Division of (		Street Address: Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Latino America Pack & Ship 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 July 17th, 2017 Florida document number L17000153053 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Latino Pack LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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		
<del>-</del>	MCD - Manager	
MDD - Authorized Mombar	MCMC - Manager	
	AMBR = Authorized Member	

<u>Title</u>	Name	Address	Type of Action
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is filed.  Ited January 1st 2022	cum	ent's effective date on the Department of State's records.
Kamon Almen ()		
Signature of a member or authorized representative of a member	ited ]	Kaman Almenca
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00