# L18000081039

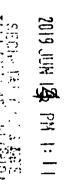
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## **COVER LETTER**

то:	Registration Solivision of Co			
		LATAM LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		KIMBERLY MARENCO		
		DIFALCO & FERNANDI	Name of Person	
		777 BRICKELL AVE., SU	Firm/Company JITE 630	
		MIAMI, FL 33131	Address	
		KMARENCO@DIFALCO		
For furt	her information (	E-mail address: ( concerning this matter, please c	to be used for future annual report notifall:	.catton)
KIMBE	ERLY MARENC	co	305 569-9800 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	d is a check for t	he following amount:		
<b>■</b> \$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:

TO:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE OX LATAM LLC			_
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reconnited Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Com Florida document number L18000081039	pany were filed on 03/29/2018	a	nd assigned
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 "LI	.C" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	<del> </del>		
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		.n	name of the n
Name of New Registered Agent:		) <del>*</del>	<del></del>
New Registered Office Address:	Enter Florida street addr	ress	
	ſ	Florida	
	City		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MCD	EDUARDO C. SAVASTANO	777 BRICKELL AVE.	
MGR			
		SUITE 630	
			□ Remove
		MIAMI, FL 33131	
			Change
			□ Remove
			Change
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			None
			Change

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ective date, if other than the date of filing:	(optional)
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 605.020
ument's effective date on the Department of State's records.	thing requirements, this date with not be instead
record specifies a delayed effective date, but not an effecti	ve time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
ed JUNE 12 , 2019 .	
· · · · · · · · · · · · · · · · · · ·	

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00