UF000 139296

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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	ocument Number)	
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emon		ROUP LLC		
SUBJE	CT:		ited Liability Company	
		Amendment and fee(s) are sub		
		JORGE F. DE APODACA	\	
			Name of Person	
		LATAM GROUP LLC		
			Firm/Company	
		10405 SW 96TH ST		
			Address	
		MIAMI FL 33176		
		ATABLE OF BROOK COM	City/State and Zip Code	 _
		MARK@LBROOK.COM E-mail address: (to be used for future annual report noti	fication)
For fur	her information c	oncerning this matter, please co	all:	
JORGE F. DE APODACA		305 989-4942		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$25	6.00 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATAM GROUP LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	ocars on our records.)
The Articles of Organization for this Limited I Florida document number 1.18000139296	iability Company were filed on	06/05/2018 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company	<u>r here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	[BOX]	W OF Cal Per /
3. If amending the registered agent and registered agent and	• •	on our records, enter the name of the
egistered agent and/or the new registered of	ince address here:	
Name of New Registered Agent:	JORGE F. DE APODACA	
New Registered Office Address:	10405 SW 96TH ST	
	Enter .	Florida sweet address
	MIAMI	Florida
	City	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.

Arrye T. Je Arraca
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>	<u>Name</u>	<u>Address</u>	Type of Action
P	JORGE F. DE APODACA	10405 SW 96TH ST	
		MIAMI FL, 33176	Remove
			☐ Change
P	DEAN F. LASHBROOK	10405 SW 96TH ST	Add
		MIAMI FL. 33176	□ Remove
			□ Change
			Add
		-	□ Remove
			☐ Change
 -			
			Remove
			Change
			Add
			Remove
			□ Change
			
			□ Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE PRESIDENT NAME DEAN LASHBROOK TO JORGE F. DE APODACA		
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Effect	ive date, if other than the date of filing: (optional)		
lf an el <u>Note:</u>	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will nent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ear	lier of
Yatad	06/14/18		
CU			
	Signature of a member or authorized representative of a member		
	rightance of a memori or authorized representative of a memori		

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00