

9/11/24, 11:18 AM

Division of Corporations
H24000309315 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000249509

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((H24000309315 3))



H240003093153ABC

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

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LATAM ORGANICS LLC

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September 11, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LATAM ORGANICS LLC
P.O. BOX 15187
PLANTATION, FL 33318US

SUBJECT: LATAM ORGANICS LLC
REF: L18000249509

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears that some of the company's name was left off when adding as MGR, Top Consulting and Mana?

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

FAX Aud. #: H24000309315
Letter Number: 524A00020379

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATAM ORGANICS 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 10/24/2018 and assigned Florida document number L18000249509.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1549 NE 123 RD ST

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

1549 NE 123 RD ST

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL 33161

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TALLAHASSEE, FL

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

_____, 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.

If Changing Registered Agent, Signature of New Registered Agent

Identifying 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

Title	Name	Address	Type of Action
MGR	ALFIERI, DANIEL E	3732 SW 49TH ST	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUETA, HERNAN	3732 SW 49TH ST	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUETA, FERNANDO	3732 SW 49TH ST	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOP CONSULTING AND MANAGEMENT LLC	1549 NE 123 RD ST	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If amended, Authorized Person
in place of Director records.

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

Multiple horizontal lines for entering amendments.

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (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 SEPTEMBER 10TH

2024

Signature of a member or authorized representative of a member

LIV ACEVEDO LEJER

(typed or printed name of signer)