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

(((H19000328071 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944

Fax Number

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

ANOTO LATINOAMERICA, LLC Certificate of Status Certified Copy 04 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

KOSPACT. BIBS L NON

NOV-06-2019 12:17

VIGO & VIGO, LLP

305 266 5750

P.002

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION [1]
OF
2519 NOV - 6 P _ 1 38
ANOTO LATINOAMERICA, 1-1-C
Name of the Limited Lability Company as it now appears on our records.
ALLAMASSEL FERMINA
The Articles of Organization for this Limited Liability Company were filed on 11/13/2018 and assigned
The Ardeles of Organization for this Elimited Planting Orașilor
Florida document number \18000262-096
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
TYCILC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
\cdot
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY RE A POST OFFICE BOX)
(Mauring autorys) MAT III. N. 2003 C. 2003
B. If amonding the registered agent and/or registered office address on our records, enter the name of the new
B. If amonding the registered agent undoor registered office address here:
T C C C C C C C C C C C C C C C C C C C
23 CN D. sistered Aponts
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Enter Piorida streti dourss
, Flor da
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
and correct to got in this capacity. I further agree to comply with the
The state of the s
being filed to merely reflect a change in the registered office address, I hereby confirm that the target
company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

PAGE 03/04

11/06/2019 15:59 3052201440 LAZARUS CORPORATE NOV-06-2019 12:17 VIGO & VIGO, LLP 305 263 5759 P.003
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 Type of Action Address Name Title

☐ Change ☐ Add ☐ Remove ☐ Change						Remove ,
☐ Add ☐ Remove ☐ Change ☐ Add				.*		
□ Remove □ Change □ Add □ Remove □ Change □ Add □ Remove □ Change □ Change □ Add □ Remove □ Change				-		
☐ Change ☐ Add ☐ Remove				-		Adc
☐ Change ☐ Add ☐ Remove			٠.			
☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove				-	LU	Kemovė
☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove			•	:		Change
Change Add Remove Change Change Change Change Add			,			
Change Add Remove Change Change Change Change Add				• • •		
☐ Add ☐ Remove ☐ Change ☐ Change ☐ Change ☐ Change				•		
☐ Remove ☐ Change ☐ Remove ☐ Add ☐ Remove				•		hinge
☐ Remove ☐ Change ☐ Remove ☐ Remove					a.	Add
Change Add Remove						
Change Add Remove			•			Remove
☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove			•	•		Change
☐ Remove ☐ Change ☐ Add				••		•
☐ Change						Add
☐ Add						Remove
☐ Add						Change
□ Remove						
		<u> </u>		,		• .
: C Change					· · · · · · · · · · · · · · · · · · ·	Remove
Change						
						Cuanta

6/2019 : NOV-06-20	119 12-17	DE VIGO	LAZARUS CORPORATE GO: LLP 305 256 5756 ange(s) here: (Attach additional sheets, if necessary.)							PAGE P.004		04/		
D. If amer	iding any o	ther inforu	iation, er	nter ebap	rge(a) pe	re: (All	acn aa	ашопас 51	ieets, ij	neces	sary.)	ļ .		
			 			•		 -				<u>:</u> i	 .	
_					 :							<u> </u>		
_										_		<u> </u>		
_									<u>.</u>			<u> </u>		
										,				
-								`						
-			_											
_												1		
							<u>. </u>			·		<u> </u>		
_												<u> </u>		
•						:							e.	•
_						<u> </u>								
-						·	<u>:</u>					- 		
-		-	· · · · · ·				·					<u> </u>	·	
, <u> </u>								· · · · · · · · · · · · · · · · · · ·	<u></u> -					
										· .			<u>, </u>	•
•				-	•									
-														

E. Effective date, if other than the date of filing:

(If m effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purquant to 605.0207 (3)(to 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 November 6, 2019

Signature of a sember or authorized representative of a menub

Juan Yourer Chanillo Brails

Page 3 of 3