L19000029353

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Emity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| 10.7.19 |

Office Use Only



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APR 0 8 2019 C MCNAIR

COVER LETTER

| Division of Cor | rporations | | σŝ |
|-----------------------------|---|---|--|
| GSA LATA | AM GROUP LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | FREDY PULIDO | | , , , , , , , , , , , , , , , , , , , |
| | | Name of Person | |
| | GSA LATAM GROUP LL | | |
| | | | |
| | 222 61: 61: ((224) 24 24 24 61 | Firm/Company | |
| | 333 SE SECOND AVE SU | JITE 2000 | |
| | | Address | |
| | MIAMI FLORIDA 33131 | | |
| | | City/State and Zip Code | |
| | fredy@bookingassistance.c | 0 | |
| | E-mail address: (| to be used for future annual report notif | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| FREDY PULIDO | | 954 607-6955 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$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) |
| | | | 10.100000 |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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**

| • | ТО | |
|--|--|------------------------------|
| . ARTICLES | OF ORGANIZATION | |
| , | OF | |
| , | • | and assigned |
| GSA LATAM GROUP LLC | | 10 m |
| | y Company as it now appears on our records | |
| (A Florida | y Company as it now appears on our records Limited Liability Company) | |
| | 01/20/2010 | Carrier Carrier |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 01/29/2019 | and assigned |
| Florida document number L19000029353 | • | |
| | | |
| This amendment is submitted to amend the following: | | |
| 1 If the same acts the same and the limit | ted liability company haras | |
| A. If amending name, enter the new name of the limi | ted nability company here. | |
| | | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| van de la companya de | | |
| Enter new principal offices address, if applicable: | | |
| <u>(Principal office address MUST BE A STREET ADDR</u> | <u>ESS)</u> | |
| | | |
| | | |
| wa | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or regist | tered office address on our records | , enter the name of the new |
| registered agent and/or the new registered office add | | |
| | | |
| St. CNL D. Sacral Access | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | |
| New Registered Office Address: | | |
| | Emer Florida street address | 5 |
| | en. | a |
| | F10 | orida 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager .
AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-----------------|---------------------------------|----------------|
| MGR | ORDENES EDUARDO | 333 SW SECOND AVE SUITE 2000 | Add |
| | | | ≅ Remove |
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| lf an effe <u>Note:</u> | we date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| Dated _ | September 30 2019 |
| | |
| | |

Page 3 of 3

Filing Fee: \$25.00