L19000087389

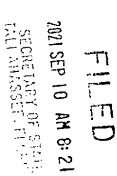
| | | (Requestor's Name) | |
|---------|-------|--------------------------------------|------------------|
| | | (Address) | |
| | | (Address) | |
| | | (City/State/Zip/Phone #) | |
| | MAIL | PICK-UP WAIT | |
| 09 | | (Business Entity Name) | |
| | | (Document Number) | |
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| | | cial Instructions to Filing Officer: | Special Instruc |
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Office Use Only



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COVER LETTER

| | Registration Se Division of Cor | | | |
|------------------|------------------------------------|---|---|---|
| CUB IEC | | LATAM LLC | | · |
| SUBJEC | 1: | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please rei | urn all correspo | ondence concerning this matter | to the following: | |
| | | JULIO PONCE | | |
| | | | Name of Person | |
| | | CONNECT LATAM LLC | | |
| | | <u> </u> | Firm/Company | |
| | | 510 SE 5TH AVE, APT 6 | 13 | |
| | | | Address | |
| | | FT LAUDERDALE, FL 3 | 33301 | |
| | | | City/State and Zip Code | · |
| | | julio.ponce@gmail.com | | |
| | | | to be used for future annual report | notification) |
| For further | er information c | oncerning this matter, please of | all: | |
| Julio Pon | ce | | 954 547-3977 at () | 7 |
| | Name o | f Person | | ytime Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$ 25.0 | 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 10 AH 8: 21

SECRETARY OF STATE TALLAHASSEE, FLOREDY

Connect LatAm 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 Florida document number <u>L19000087389</u> | were filed on 03/27/2019 | and assigned |
|--|---|--|
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>enter t</u> | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, and provided for in Chapter 605, F | d I am familiar with and F.S. Or, if this document is |
| If Chan | nging 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> | Address | Type of Action |
|--------------|--------------------------|------------------------|----------------|
| MGRM | LIMA DE CASTRO, FERNANDO | 510 SE 5TH AVE APT 613 | |
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| ffective da | ite, if other than t | he date of fil | ing: | | | (option | al) | |
| ote: If the | date is listed, the date r date inserted in this | block does no | of meet the app | licable statutory | g or more than 9 filing require | 0 days after fil ments, this d | ling.) Pursuant t late will not be | o 605.020' e listed as |
| ocument's o | effective date on the | : Department o | of State's record | ds. | | | | |
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| is filed. | ifies a delayed effec | uve date, but i | iot an effective | time, at 12:01 | a.m. on the ca | rlier of: (b) | The 90th day | after the |
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Filing Fee: \$25.00