

L19000 104129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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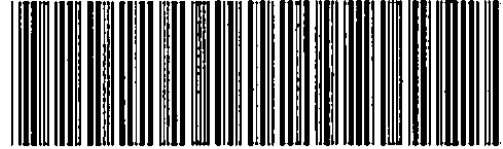
(Business Entity Name)

(Document Number)

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09/15/19 --P1009--02

STATE OF FLORIDA
TALLAHASSEE, FL

OCT 14 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CARIBBEAN & LATIN AMERICA LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STPHANIE MARTINEZ

Name of Person

ATPLUS CORP

Firm/Company

8180 NW 36 ST, SUITE 406

Address

DORAL FL 33166

City/State and Zip Code

ATPLUS@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE MARTINEZ

305

406-3800

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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, FL 32301

**TO
ARTICLES OF ORGANIZATION
OF**

CARIBBEAN & LATIN AMERICA 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 09/19/2019 an
Florida document number L19000164128.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7478 NW 54TH ST

MIAMI FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7478 NW 54TH ST

MIAMI FL 33166

**B. If amending the registered agent and/or registered office address on our records, enter 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 c
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this
being filed to merely reflect a change in the registered office address, I hereby confirm that the limited li
company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered

OF REMOVED FROM OUR FOCUS:

MGR = Manager

AMBR = Authorized Member

[illegible]

[illegible]

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.) Pursua

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 19, 2019

Dated _____


Signature of a member or authorized representative of a member

STEFANO DAL COL

Typed or printed name of signee