L19 CCC 187-369

(Red	questor's Name)	
	_	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	Office Use Or	



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COVER LETTER

Division of Corp	orations		
SUBJECT: LO	atinx Solu Name of Limi	Hons 11	
		, .	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Johann	Name of Person	
	Latinx	Solutions	
		Firm/Company	
	9869 BE	ennington Cha	se Dr.
	Orla latinxso	ndo FI 328 City/State and Zip Code Cutions II C @ 6 to be used for future annual report notific	gmail.com
For further information co	ncerning this matter, please ca	itt:	
Johanna Name of	Loper	at (<u>407</u>) <u>243</u> — Area Code Daytime	- 1833 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 cadditional copy is enclosed:	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Latinx Solution	15 111(
(Name of the Limited Liability Compan- (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company v	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	201 77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SEP - 5 KH 9: 07
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	Cuy 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, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Giovanna Rivera	9869 Bennington Chase)	<mark>≻∕</mark> □ Add
		9869 Bennington Chasel Orlando F1 32829	Remove
			Change
			□ Remove
			Change
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	-		□ Add
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			□ Change

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	Con	nmunit	y orga	unity of sulting nizing	Servic	es	
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				<u>-</u>			
m effective date o <mark>te:</mark> If the dat	is listed, the date e inserted in thi		nd cannot be prior meet the applica	to date of filing or nable statutory filir	iore than 90 days a		
		yed effective record is filec		t an effective	time, at 12:0	1 a.m. on the	earlier
ited			·	ned representative			
	\wedge		. //				

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

Page 3 of 3

Filing Fee: \$25.00