## N19000270809

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## **COVER LETTER**

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Registration Section Division of Corporations

CHID IECT.	Latam Digit	al BPO, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Lawrence G. Walters, Esq.		
			Name of Person	
		Walters Law Group		
			Firm/Company	
		195 W. Pine Avenue		
			Address	<del></del>
		Longwood, FL 32750		
			City/State and Zip Code	<del></del>
		paralegal@firstamendment.		
		E-mail address: ()	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	all:	
Lawrence G	. Walters, Es	q.	407 975-9150 at ()	
<del></del>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	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)
Re Div P.C	iling Address gistration S vision of C D. Box 632 Ilahassec, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee : Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appears on our liability Company)	records.)	
October 20		
were filed on October 29.	. 2019	and assigned
ility company here:		
lity Company," the designation	"LLC" or the abbrev	iation "L.IC."
	. <del>_</del> _ <del>_</del>	
<u></u>		
address on our records,	enter the name of	the new registere
		<del> </del>
		<u> </u>
Enter Florida street	address	
	, Florida	<u>ු</u>
City		Zip Code
performance of my dut provided for in Chapter	ies, and I am fam 605, F.S. Or, if t	iliar with and his document is
	Enter Florida street  City  ee to act in this capacity performance of my duty provided for in Chapter	Enter Florida street address  City  City  Company," the designation "L.C." or the abbrev  Enter the name of

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 added by removed from our records:

MGR = Manager

AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Remove
			Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□ Remove
			Change
			□ Add
			□ Remove
			□Change
			□ Remove
			□Change

Effective date, if other than the date of filing:  If an effective date, if other than the date of filing:  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.) Pursuant to 605.0207.  Social Title date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as focument's effective date on the Department of State's records.  The effective date on the Department of State is record.  The effective date on the date will not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Dated  Signature of a member or authorized representative of a member  LAWRENCE G. WALTERS. ESA.  Typed or printed name of signee		
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Signature of a member or authorized representative of a member		
	Dated	Dugust 20, 2021
		Signature of a member or authorized representative of a member

D.