

30 8 2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H210003242533

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H210003242533ABCW

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SACONSA GROUP LLC
Account Number : I20200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

FILED
2021 AUG 30 PM 2:23
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VN LATAM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2021 AUG 30 PM 4:49
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu

Help
8/31/21

COVER LETTER**H210003242533****TO: Registration Section
Division of Corporations****SUBJECT: VN LATAM 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:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Firm/Company

3625 NW 82 Avenue Suite 100-K

Address

DORAL, FL 33166

City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

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

For further information concerning this matter, please call

JESUS LEON

786 7572436
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**H210003242533**

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

H210003242533

VN 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 were filed on 06/09/2020 and assigned
Florida document number L20000158714.

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 "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 address on our records, enter the name of 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 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

H210003242533

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

H210003242533

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Arocha, Jesus A	3625 NW 82 AVE	<input type="checkbox"/> Add
		STE 100 K	<input checked="" type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
MGRM	Guia Simoza, Isabel T	STE 100 K	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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DATE 11/19/01 BY 60322 UCBAW

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

Dated AUGUST 25 2021

Isabel Guiza
Signature of a member or auth

~~Signature of a member or authorized representative of a member~~

GUIA, ISABEL T

Typed or printed name of signee