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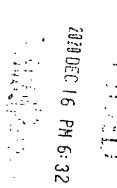
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FEB 01 2021 S. YOUNG



## **COVER LETTER**

TO: Registration Section

Division of Corporations
SUBJECT: DESARROLLOS 1967 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:
Law Office of Valerie School zma
12550 Biscarn Blud Ste 406
City/State and Zip Code  Calleia a Column (om  E-mail address; tro-be used for future annual report notification)
For further information concerning this matter, please call:
Valencia 5. at 305 974 - 0114  Name of Person Area Code Daytime Dephone Number
Enclosed is a check for the following amount:
Zi \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Desapplios 190	of Lo	HAM	LLC		7878	- <u>.</u>
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appe lability Company	ars on our records	.j ` <b>İ</b>		DEC	e de la companya de La companya de la co
The Articles of Organization for this Limited Liability Company w	were filed on _	07/20	<u>  2020</u> and	l assigned	16	VV.
Florida document number	81				PI	والمسدا
This amendment is submitted to amend the following:					ڼ	
A. If amending name, enter the new name of the limited liabil	lity company l	<u>iere</u> :			32	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the	designation "LLC"	or the abbreviation	n "L.L.C."	_	
Enter new principal offices address, if applicable:			<del></del>		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)					_	
				<del></del>	_	
Enter new mailing address, if applicable:		<del></del>				
(Mailing address MAY BE A POST OFFICE BOX)					_	
					_	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our	records, <u>enter t</u>	the name of the	new regist	<u>tered</u>	
Name of New Registered Agent:					_	
New Registered Office Address:					_	
	Enter Fl	orida street address				
	City	, Flo	ridaZip Ci	ode	_	
New Registered Agent's Signature, if changing Registered Agent;						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of rovided for in	f my duties, and Chapter 605, F	d I am familiar F.S. Or, if this a	with and locument i		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

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\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The name of the member is
wrong.
Please correct it to:
Maria F. CALCAGNO
E. 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 (3 xl Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated 12/11/2020
Signature of a member or authorized representative of a member
Value Schvartzman Typed or printed name of signee

Filing Fee: \$25.00