Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000073302 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:					
	Division of Co	rporations			
	Fax Number	: (850)617-6383			
From:					
	Account Name	: E & F LATIN GROUP	LLC		
	Account Number	: I20160000049			
	Phone	: (954)384-8565			
	Fax Number	: (954)385-5175			
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Estimated Charge \$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER :

TO: Registration Set Division of Cor		,     •	•
	ESTMENTS LLC	à	
SUBJECT:	Name of Lin	nited Liability Company	· <del></del>
The enclosed Articles of	Amondment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIEGO FIGUEROA		
		Name of Person	
	E & F LATIN GROUP LI	.c	
		Firm/Company	<u></u>
	1820 N CORPORATE LA	KES BLVD SUITE 109	
		Address	
	WESTON FL 33326		
	<del></del>	City/State and Zip Code	
	DIEGO@EFLATINACCO		
For further information c	oncerning this matter, please o	to be used for future annual report notificall:	ncanony
DIEGO FIGUEROA		954 384 8565	
Name o	f Person	at () Area Code Daytime	c Tolophone Number
Enclosed is a check for th	ne following amount:		
<b>■ \$</b> 25.00 Filing Fee	530.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	s:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tullahassec, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	inv as it now appears on our records.)	<del></del>
(Name of the Limited Liability Compa (A Florida Limited )	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/05/2022	and assigned
Florida document number L22000013664		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	I'm Canada Barbara da	<u>N</u>
The new name must be distinguisable and comparing words "Limited Elson		noorcynation L.L.C.
Enter new principal offices address, if applicable:	20200 WEST DIXIE HWY STE G7	
(Principal office address MUST BE A STREET ADDRESS)	AVENTURA FL 33180	27 [
Enter new mailing address, if applicable:	20200 WEST DIXIE HWY STE G7	
(Mailing address MAY BE A POST OFFICE BOX)	AVENTURA FL 33180	<del> </del>
Training wanters 1977 DE 71 TOST OF TREE DOTS		-
		···
B. If amending the registered agent and/or registered office a	address on our records, enter the nar	ne of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
HOW ROBINGION VILLA DAMESS	Enter Florida street address	
	, Florida	

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DANIEL RIVAS LLANO	20200 WEST DIXIE HWY STE G7	🗆 Add
		AVENTURA FL 33180	□Remove
MGR	ANGELA ROBLEDO RIVERA	20200 WEST DIXIE HWY STE G7	
		AVENTURA FL 33180	□Remove
		<del></del>	🖹 Change
			□Add
			□Rcmovc
			□ Change
			□Add
			□Remove
			Change
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		<del></del>	□Кеткіче
			Change
			□Remove
			□Сішпис

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	2/25/2022
Effec	tive date, if other than the date of filing: (optional)  (rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) I'ursuant to 605.0207 (
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	ment's effective date on the Department of State's records.
	of 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
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Filing Fee: \$25.00