L22 000 017353

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(e-cy - c-c-2-g). Notice 11)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800394201228

09/23/22--01008--001 ++25.00

2022 SEP 23 AM II: 26 SECRETARY OF STATE

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of (i Section Corporations	
	VER LATAM LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.
Please return all corre	espondence concerning this matter	to the following:
	James Baker	
		Name of Person
	James Baker & Associates	Corp
	-	Firm/Company
	1401 Brickell Ave, Ste 330)
	·	Address
	Miami, FL 33131	
		City/State and Zip Code
	compliance@jamesbakerep	a.com TO SE to be used for future annual report notification)
For further information	on concerning this matter, please ca	
James Baker		866 6109493
Nar	ne of Person	Area Code Daytime Telephone Number
Enclosed is a check f	or the following amount:	
■ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:
Registration of	on Section of Corporations	Registration Section Division of Corporations
P.O. Box (The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISCOVER LATAM LLC			
(Name of the Limited	I <mark>Liability Compa</mark> A Florida Limited I	ny as it now appears on or Liability Company)	ar records.)
The Articles of Organization for this Limited Lia lorida document number 1.22000017353	bility Company	were filed on January (or, 2022 and assigned
his amendment is submitted to amend the follow	ving:		
a. If amending name, enter the new name of	the limited liab	ility company here:	
he new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1401 Brickell Ave	
Principal office address MUST BE A STREET ADDRESS)		Suite 330	
		Miami, FL 33131	122 S
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		1401 Brickell Ave	EP 23
		Suite 330	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33131	וייט:
3. If amending the registered agent and/or re gent and/or the new registered office address	-	address on our record	s, enter the name of the new register
Name of New Registered Agent:	James Baker & Associates Corp		
New Registered Office Address:	1401 Brickell /	Ave, Ste 330	
		Enter Florida str	vet address
	Miami		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.

L Boh
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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carlos Ryan	1401 Brickell Ave	
		Suite 330	□Remove
		Miami, FL 33131	☐ Change
			🗀 Add
			□Remove
			□Change
			□Add
			2022 SEP 20 FI
		SSEE SIAL	i i i
			☐ ☐ ☐ Remove
			□Change
	·		
			□Remove
			☐ Change
			□Add

		<u> </u>
		
<u> </u>		
		2022
· · · · · · · · · · · · · · · · · · ·		
	<u>P3</u>	> K
	A.S.	$\stackrel{\sim}{\sim}$ ω
	്രം ബ	T. 32
	- T	2
		<u>n</u> o
Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing	g or more than 90 days after filing.) P	
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	Tilling requirements, this date wi	iii not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:01 and is filed.	a.m. on the earlier of: (b) The 9	90th day after the
Dated September 15 2022		
72		
4		

Filing Fee: \$25.00