## LZZ000304716

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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations		
	ARS INVESTMENTS LATAM	LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	nondence concerning this matter	to the following:	
	SOZA MAC NAMARA, N	MIGUEL A	
		Name of Person	
	FIVE STARS INVESTME	ENTS LATAM ELC	
		Firm/Company	<del></del>
	11055 SW 186TH ST SUI	TE 305	
		Address	<del></del>
	MIAMI FLORIDA 33157	TH ST SUITE 305  Address  IDA 33157  City/State and Zip Code  ERVICE.COM .  ail address: (to be used for future annual report notificat.on)	
	FIVE STARS INVESTMENTS LATAM LLC  Firm/Company  11055 SW 186TH ST SUITE 305  Address  MIAMI FLORIDA 33157  City/State and Zip Code  INFO@YMLSERVICE.COM  E-mail address: (to be used for future annual report notificat.on)  on concerning this matter, please call:  786 431 2144		
			tivat on)
			near.on)
For further information	concerning this matter, please ca	aii:	
YAMEL LORENZO			
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		<u>Street Address:</u> Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63	327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WITTIVII	City	Florida <sup>33157</sup>	Zip Code	
	MIAMI		33157		
	<del></del>	Enter Florida street add	ress		
New Registered Office Address:	11055 SW 186	TH ST SUITE 305			
Name of New Registered Agent:	YML ACCOU	NTING SERVICES INC ( YAI	MEL LORENZO	D)	
ent and/or the new registered office addre	ss here:			?7	
If amending the registered agent and/or		address on our records, <u>ent</u>	er the name o	f the nev	v regist
				3	2 2
	<u></u>				33.
Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33157		<u> </u>	<u> </u>
iter new mailing address, if applicable:		11055 SW 186TH ST SUIT	E 305	23 JI	7
				20	
rincipal office address MUST BE A STRE	<u>ET ADDRESS)</u>	MIAMI FL 33157	. 505	-	
Enter new principal offices address, if applicable:		11055 SW 186th ST SUITE			
e new name must be distinguishable and contain the v		lity Company," the designation "L  YML ACCOUNTING SER"		riation "L.	L.C."
If amending name, enter the new name of	f the limited liab	ility company here:			
is amendment is submitted to amend the foll	owing:				
orida document number L22000304716					
e Articles of Organization for this Limited L	iability Company	were filed on 07/08/2022	<u> </u>	and ass	igned
		iny as it now appears on our reco Liability Company)			
· · · · · · · · · · · · · · · · · · ·	(A Classical Assistant I	Linkility Community			

## 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, thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	<u>Address</u>	Type of Action
			□Add
			Remove
			□Change
	-		
			□Remove
			Change
			□Add
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Filing Fee: \$25.00