

L23000186091

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2023 APR 26 PM 12:11
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TALLAHASSEE, FL

QWIK COURIER

850-284-4584

1101

PLEASE PROCESS THE FOLLOWING.

PLEASE DO NOT PUT OUR NAME ON COVER LETTER

PLEASE USE NAME ON THE REQUEST.

PLEASE PUT IN OUR BOX WHEN COMPLETED

CUSTOMER CARLOS Zalles

Company

LW LATAM PARTNERS LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LW LATAM PARTNERS 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:

CARLOS ZALLES

Name of Person

LW LATAM PARTNERS LLC

Firm/Company

1395 Brickell Ave Suite 907

Address

Miami, FL 33131

City/State and Zip Code

alvarez.legal@gmail.com

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

For further information concerning this matter, please call:

Juan Alvarez

786 2526622
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 Address:

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

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2023 APR 26 PM 12:12
- DEPT. OF STATE
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
MGR	PHILIP HENRIQUEZ	1111 Brickell Avenue 10th Floor	<input type="checkbox"/> Add
		Miami, FL 33131, US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SERGI LUCAS	1111 Brickell Avenue 10th Floor	<input type="checkbox"/> Add
		Miami, FL 33131, US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERTO BRENES	1111 Brickell Avenue 10th Floor	<input type="checkbox"/> Add
		Miami, FL 33131, US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS ZALLES	1395 Brickell Ave Suite 907	<input type="checkbox"/> Add
		Miami, FL 33131, US	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	RAUL FONSECA	1395 Brickell Ave Suite 907	<input checked="" type="checkbox"/> Add
		Miami, FL 33131, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D: If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FL

E. Effective date, if other than the date of filing: 04/26/2023 (optional)

(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)(b)

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

04/26/2023

Signature of a member or authorized representative of a member

CARLOS ZALLER

Typed or printed name of signee