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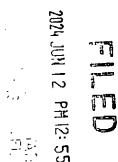
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COVER LETTER

	egistration Sec ivision of Corp					
0110.100	NEXTLATI	NO, LLC				
SUBJECT	:	Name of Lim	ited Liability Company			
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspon	ndence concerning this matter	to the following:			
		EDUARDO MENDOZA				
		· · · · · · · · · · · · · · · · · · ·	Name of Person		_	
		NEXTLATINO, LLC				
			Firm/Company		_	
		12700 SW 96TH STREET				
			Address		_	2
		MIAMI, FL 33186				2024 JUH 12 PM 12: 55
			City/State and Zip Code		- · .	三.
		EDUARDOJMJ@OUTLOG			į,, -	2
			to be used for future annual report no	tineation)		
For further	r information co	oncerning this matter, please c	all:		<u>in</u> j.	. 5
EDUARD	O MENDOZA		305 389-0646			. ഗ
	Name o	f Person	at () Area Code Daytii	me Telephone Numbe	er	-
Enclosed i	s a check for th	ne 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 F Certific Certific (additions	ate of S d Copy	tatus &
	1ailing Addres		Street Address:	action		
	Registration Solivision of C		Registration S Division of Co			
	P.O. Box 632	=	The Centre of	Tallahassee		
7	fallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite	810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
	17/2024 and assigned	
000212532		
amend the following:		
he new name of the limited liability company her	<u>e</u> :	
(EXPLANATION OF NAME CHANGING: N	EXLATINO, LLC WITHOUT THE T)	
le and contain the words "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L,L,C,"	
Idress if annlicable		
•	202	
I BE A STREET ADDRESS		
	1	
	2 P	
Enter new mailing address, if applicable:		
POST OFFICE BOX)	75	
	75 55	
ered Agent:		
	da street address	
	ana	
Circ	, Florida Zio Code	
	le and contain the words "Limited Liability Company," the dedddress, if applicable: IT BE A STREET ADDRESS) applicable: POST OFFICE BOX) agent and/or registered office address on our reged office address here: ered Agent: Ered Agent: Enter Florid	

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 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>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change 724 Add 7
			19 Remove
			PRemove 72
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<u>ote:</u> It th	e date inserted in this effective date on the	block does not n	neet the applica	ble statutory fil	ing requirement	s, this date wil	l not be li	isted as
		•						
	cifies a delayed effect	ive date, but not	an effective tin	ne, at 12:01 a.n	n, on the earlier o	of: (b) The 90)th day af	fter the
is filed.								
	1/2024							
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ated			nember or author					

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