

L24000422043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

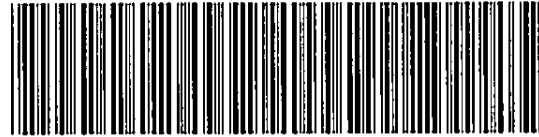
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11/19/24--01002--007 **25.00

FILED
2024 NOV 18 AM 9:00
SECRETARY OF STATE
2024 NOV 18 PM 3:12
OFFICE OF THE CLERK
MICHIGAN

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LATIN SOLUTION LLC

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

FILED
2024 NOV 18 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/04/2024 and assigned
Florida document number L24000422043.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

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.

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	Karen Colome Ricardo	10315 NW 9TH ST CIRC	<input checked="" type="checkbox"/> Add
		APT 105	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
AMBR	Carlos Merida Coll	10315 NW 9TH ST CIRC	<input checked="" type="checkbox"/> Add
		APT 105	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
AMBR	Raymir Cadavid	10315 NW 9TH ST CIRC	<input checked="" type="checkbox"/> Add
		APT 105	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
AMBR	Nury's Multiservices LLC	10315 NW 9TH ST CIRC	<input type="checkbox"/> Add
		APT 105	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
AMBR	Rayc Cargo Express INC	10315 NW 9TH ST CIRC	<input type="checkbox"/> Add
		APT 105	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NA

(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)

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 November 18th 2024

Signature of a member or authorized representative of a member

CARLOS MERIDA COLL

Typed or printed name of signee

Filing Fee: \$25.00