



## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: DEL SUR BRAND 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:

MARIA CAMILA LEIVA

Name of Person

INVECSA INC.

Firm/Company

6705 RED ROAD SUITE 503

Address

CORAL GABLES, FL 33143

City/State and Zip Code

MCLEIVA@INVECSA.COM

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

For further information concerning this matter, please call:

MARIA CAMILA LEIVA

305 733-2701  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

DEL SUR BRAND LLC

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

The Articles of Organization for this Limited Liability Company were filed on JULY 7TH 2013 and assigned Florida document number L13000095502.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 DEC - 1 AM 9:14

**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: MARIA CAMILA LEIVA

New Registered Office Address: 6705 RED ROAD SUITE 503

Enter Florida street address

CORAL GABLES, Florida 33143

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.*

Maria Camila Leiva  
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>
MGRM	QBCO INC.	6705 RED ROAD SUITE 503	<input type="checkbox"/> Add
		CORAL GABLES FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	INVECSA INC.	6705 RED ROAD SUITE 503	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BORRERO FRANCISCO	7975 NW 154 STREET STE 310	<input type="checkbox"/> Add
		MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	BOSA GROUP LLC	4466 W. WHITE WATER AV	<input checked="" type="checkbox"/> Add
		WESTON, FL 33332	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

Multiple horizontal lines for amending information.

SECRETARY OF STATE  
FALLAHASSER, J. (0000000000)

17 DEC -1 AM 9:14

E. 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 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 NOVEMBER 27, 2017

Maria Camila Leiva

Signature of a member or authorized representative of a member

MARIA CAMILA LEIVA

Typed or printed name of signee