

L 17000059710

1215434288

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H230000011063)))



H230000011063ABCN

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

2022 JAN -3 AM 11:27

SECRETARY OF STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2023
P. 2: 26

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORDILLERA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JAN 04 2023
A. LUNT

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
2022 JAN -3 AM 11:27

CORDILLERA INVESTMENTS 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 03/15/2017 and assigned Florida document number L17000059710.

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: 1861 NW S RIVER DR. UNIT - 2404
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33125

Enter new mailing address, if applicable: 1861 NW S RIVER DR. UNIT - 2404
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33125

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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1
Enter Florida street address

North Palm Beach, Florida 33408
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.


Jenisa Irizarry, Special Secretary
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>
AMBR	TAPIA, CONSTANZA	1861 NW S RIVER DR, UNIT - 2404	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MOLFINO, ISABELLA	1861 NW S RIVER DR, UNIT - 2404	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MOLFINO, PIERO	1861 NW S RIVER DR, UNIT - 2404	<input type="checkbox"/> Add
		MIAMI, FL 33125	<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF TEXAS
SECRETARY OF STATE
2022 JAN -3 AM 11:27

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

Multiple horizontal lines for amending information.

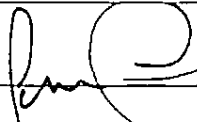
E. Effective date, if other than the date of filing: _____ (optional)

(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 January 3rd, 2023


Signature of a member or authorized representative of a member

Jenisa Irizarry
Typed or printed name of signee