L18000158646

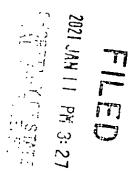
(Requestor's Name)
(Address)
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(Business Entity Name)
(Document Number)
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COVER LETTER

FO: Registration Se Division of Cor			
SUBJECT:	OPIHUE USA Name of Limi	PROPERTIES" L	LC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Cecil	Name of Person	<u>i</u>
	CoPitue U	SA Properties Firm/Company	U.C.
	1504 BAY	Rd Suite # 17	
		CH FL 3317	• _1 ••
	CECILIA CHACO	to be used for future annual report notifi	Com TAI 21
For further information c	oncerning this matter, please ca	all:	
CECILIA Name o	CHACON f Person	at (786) 626 - Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ropérties LLC.
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{L 18000158646}{}$	were filed on June, 28,2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
COPIHUE USA ENTER The new name must be distinguishable and contain the words "Limited Liability"	Prise LLC.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1504 BAY Rd Suite # 1225 MIAMI Beach, FL 33139
Enter new mailing address, if applicable:	1504 BAY Rd
(Mailing address MAY BE A POST OFFICE BOX) IN The other Address is	Suite # 1225 Miami Beach, FL 33139
Missing the Suite. (#1228). B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	,
Name of New Registered Agent:	2021 2021
New Registered Office Address:	Enter Florida street address
	City Florida 220 Code
New Registered Agent's Signature, if changing Registered Agent:	27

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 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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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	red effective date.	, but not an eff	Fective time.	at 12:01 a.m.	on the earlic	er of: (b)	The 90th	day afi
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