118000250673

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
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D CUSHING

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		EFECTIVA LLC				
300,70		Name of Lin	nited Liability Company			
The end	closed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		CUADROS JAIMES, MIO	CHAEL E			
		" Michael Cu 5460 HOFFNER AV STE	Name of Person MYOS Janes Firm/Company 407			
		ORLANDO FL 32812	Address		19	NSIAH: 239
		grupolaefectiva@gn	City/State and Zip Code nail.com		19 .111. 30	是 第 第 第
		E-mail address: (to be used for future annual report notifi	cation)	-P.H	2000 1000 1000 1000 1000 1000 1000 1000
For furt	her information co	ncerning this matter, please c	all:		1.3	STA STA
MICHA	AEL CUADROS		407 3984788 at ()		30	SHOHS 3E
	Name of I	Person		Telephone Number	_	ະກ
Enclose	ed is a check for the	following amount:				
■ \$2 5	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of Society Certified Copy (additional copy is	Status &	

MAILING ADDRESS:

TO:

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



MICHAEL E. CUADROS JAIMES 5460 HOFFNER AV., STE 407 ORLANDO, FL 32812

July 16, 2019

SUBJECT: GRUPO LA EFECTIVA LLC Ref. Number: L18000250673

We have received your document for GRUPO LA EFECTIVA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 019A00014372

2019 1111 30 AN 10:

TO ARTICLES OF ORGANIZATION OF

GRUPO LA EFECTIVA LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
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 I	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- <u>*</u> × <u>×</u>
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		ω $2\overline{z}$
		0 ~ CSY E
Enter new mailing address, if applicable:		P 8896
Mailing address MAY BE A POST OFFICE BOX)		RAT
		5 5 7
3. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	d office address on our records, <u>c</u> <u>here</u> :	enter the name of the
New Registered Office Address:	Enter Florida street address	
	, Floric	ia 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.

. or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MENDES JAIMES, JOAHN A	14412 TAMBOURINE DR	
		ORLANDO, FL 32837	Add
		OKLANDO, 11. 32037	■ Remove
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(If an eff Note:	ive date, if other than the date of filing:
f the red b) The	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	July 25 2019
	Jichcel I
	Signature of a member or authorized representative of a member
	Michael E. Cudros James Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00