

H180002041650

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.

((H19000196696 3)))



H190001966963ABCE

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 : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

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

Email Address: LEGACYTAXCORPS@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RECARGA DEL CARIBE, LLC

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

19 JUN 25 PM 12:15

2019 JUN 25 PM 4:08
FILED
AT PRODU

4190001966963

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RECARGA DEL CARIBE, 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:

ARNALDO J COUCELO
Name of Person

LEGACY TAX, INC.
Firm/Company

1601 BELVEDERE RD, SUITE 305S
Address

WEST PALM BEACH, FL 33406
City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARNALDO J COUCELO at (561) 683.-3000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

2019 JUN 25 PM 4:08

APPROVED AND FILED

4190001966963

H190001966963

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECARGA DEL CARIBE 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 NOVEMBER 5, 2018 and assigned Florida document number L18000264650

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:

12022 E BASIN ST

(Principal office address MUST BE A STREET ADDRESS)

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

12022 E BASIN ST

(Mailing address MAY BE A POST OFFICE BOX)

WELLINGTON, FL 33414

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:

ALVARO SUCRE

New Registered Office Address:

12022 E BASIN ST

Enter Florida street address

WELLINGTON

City

Florida 33414

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.

Signature of Alvaro SUCRE

If Changing Registered Agent, Signature of New Registered Agent

APPROVED AND FILED

2019 JUN 25 11:41:08

H190001966963

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H190001966963

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
X	MANAGER	JULIO SUCRE	<input type="checkbox"/> Add
		6016 OLD CONGRESS RD 1	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33462	<input type="checkbox"/> Change
X	MANAGER	CHRISTIAN RIGU	<input type="checkbox"/> Add
		6016 OLD CONGRESS RD 1	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33462	<input type="checkbox"/> Change
X	MANAGER	ALVARO SUCRE	<input checked="" type="checkbox"/> Add
		12022 E BASIN ST	<input type="checkbox"/> Remove
		WELLINGTON, FL 33414	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 JUL 25 PM 4:08
FILED

APPROVED AND FILED

H190001966963

HI90001966963

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

N/A

Multiple horizontal lines for amending information.

2019 JUN 25 PM 4:08

APPROVAL
AND
FILED

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 JUNE 17 2019

Julio Suarez
Signature of a member or authorized representative of a member

JULIO SUAREZ
Typed or printed name of signer

HI90001966963