

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L21000116394

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.

(((H24000271581 3)))



H240002715813ABC

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)617-5383

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124

Phone : (305)476-7100

Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERSIONES SANTA LIDIA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2024 AUG 13 PM 1:18

DIVISION OF CORPORATIONS
STATE OF FLORIDASTATE OF FLORIDA
DIVISION OF CORPORATIONS

2024 AUG 13 PM 2:48

FILEDAUG 14 2024
T. LEMUEX

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES SANTA LIDIA, 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:

ANDRES E BAZO

Name of Person

RASCO KLOCK PEREZ & NIETO PL

Firm/Company

2555 PONCE DE LEON BLVD SUITE 600

Address

CORAL GABLES FL 33134

City/State and Zip Code

ABAZO@RASCOKLOCK.COM

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

For further information concerning this matter, please call:

ANDRES E BAZO

at 305 4767100

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

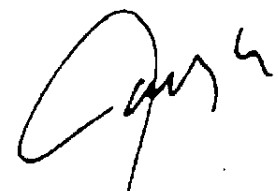
- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



**TO
ARTICLES OF ORGANIZATION
OF**

INVERSIONES SANTA LIDIA, 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 03/19/2021 and assigned
Florida document number L21000116394.

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

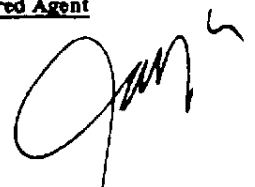
City

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.

If Changing Registered Agent, Signature of New Registered Agent



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>
MGR	Molinos Schmidt, Oscar Alfredo	255 Alhambra Circle Suite 630	☐ Add
		Coral Gables FL 33134	☒ Remove
			☐ Change
MGR	Jaramillo, Pedro Pablo	255 Alhambra Circle Suite 630	☒ Add
		Coral Gables FL 33134	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

1. Introduction
 2. Background
 3. Methodology
 4. Results
 5. Conclusion
 6. References
 7. Appendix
 8. Index
 9. Glossary
 10. Summary
 11. Abstract
 12. Keywords
 13. Subject
 14. Topic
 15. Field
 16. Area
 17. Discipline
 18. Branch
 19. Department
 20. Division
 21. Section
 22. Unit
 23. Category
 24. Class
 25. Group
 26. Family
 27. Order
 28. Class
 29. Order
 30. Class
 31. Order
 32. Class
 33. Order
 34. Class
 35. Order
 36. Class
 37. Order
 38. Class
 39. Order
 40. Class
 41. Order
 42. Class
 43. Order
 44. Class
 45. Order
 46. Class
 47. Order
 48. Class
 49. Order
 50. Class
 51. Order
 52. Class
 53. Order
 54. Class
 55. Order
 56. Class
 57. Order
 58. Class
 59. Order
 60. Class
 61. Order
 62. Class
 63. Order
 64. Class
 65. Order
 66. Class
 67. Order
 68. Class
 69. Order
 70. Class
 71. Order
 72. Class
 73. Order
 74. Class
 75. Order
 76. Class
 77. Order
 78. Class
 79. Order
 80. Class
 81. Order
 82. Class
 83. Order
 84. Class
 85. Order
 86. Class
 87. Order
 88. Class
 89. Order
 90. Class
 91. Order
 92. Class
 93. Order
 94. Class
 95. Order
 96. Class
 97. Order
 98. Class
 99. Order
 100. Class

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

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 July 1

2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00