

L22 000 530665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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TALLAHASSEE, FLORIDA

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CORPORATIONS
TALLAHASSEE, FLORIDA

A. RIVERS

FEB 23 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2023

ANA M SIERRA ROLDAN
7500 NW 25TH STREET
SUITE 237
DORAL, FL 33122

SUBJECT: MADERASEINGENIERIA LLC
Ref. Number: L22000530665

We have received your document for MADERASEINGENIERIA 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):

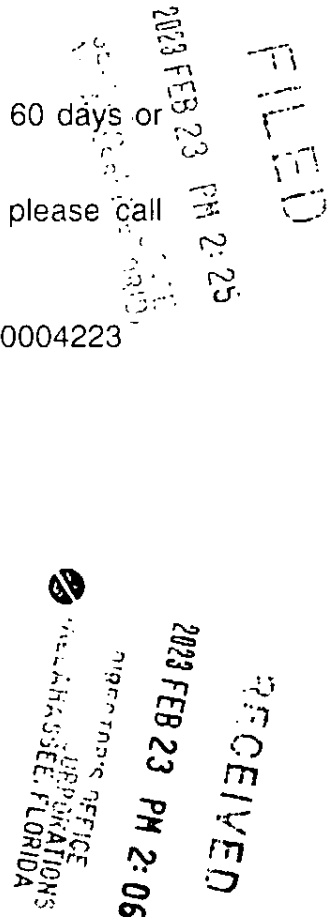
The registered agent must sign accepting the designation.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 623A00004223



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MADERASEINGENIERIA 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 12/20/2022 and assigned
Florida document number 1.22000530665.

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

City

Florida

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

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	MARIA A. JARAMILLO MESA	1155 BRICKEL BAY DRIVE APT 3010	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANTIAGO HINESTROSA VARGAS	1155 BRICKEL BAY DRIVE APT 3010	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANDY PRODUCE LLC	10673 BRIGHTON HILL CIRCLE NORTH	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ANA SIERRA	1155 BRICKELL BAY DRIVE APT 3010	<input checked="" type="checkbox"/> Add
		MIAMI, 33131	<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

[illegible]

(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)

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.

Ina Zura
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00