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| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2010

JOSUE RINCON 1225 W MAIN ST IMMOKALEE, FL 34142

SUBJECT: TECHO PARA TODO EL MUNDO, LLC

Ref. Number: L10000010689

We have received your document for TECHO PARA TODO EL MUNDO, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the 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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 310A00003541

10 FEB 22 PH 3: 57

COVER LETTER

TECHO PARA TODO EL MUNDO, LLC SUBJECT: 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: JOSUE RINCON Name of Person Firm/Company **1225 W MAIN ST** Address **IMMOKALEE FL 34142** City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSUE RINCON 657-Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT ... TO ARTICLES OF ORGANIZATION OF

| TECHO | PARA TOD | <u>O EL MUNDO</u> | D, LLC | | |
|---|---------------------------------------|--|--------------------------|-------------------------|--|
| (Name of the Limite | d Liability Comp A Florida Limited | any as it now appear Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Florida document number L1000001 | • | y were filed on | 01/29/2010 | and assigned | |
| This amendment is submitted to amend the following | llowing: | | | | |
| A. If amending name, enter the new name | of the limited lia | bility company her | <u>e</u> : | | |
| | N/A | A | | | |
| The new name must be distinguishable and end w "L.L.C." | rith the words "Lin | nited Liability Compa | nny," the designation "I | LC" or the abbreviation | |
| Enter new principal offices address, if applicable: | | N/A | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | N/A | E, FLO | FILED OFEB 22 PH 3 | |
| B. If amending the registered agent and registered agent and/or the new registered of | | | our records, enter t | he name of the new | |
| Name of New Registered Agent: | N/A | | | | |
| New Registered Office Address: | N/A | · | <u> </u> | | |
| | | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Maraging Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Type of Action Name Address MARIA ELENA GIRALDO MGR 1225 W MAIN ST ✓ Add IMMOKALEE FL 34142 Remove ☐ Add Remove ☐ Add ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A **FEBRUARY 03** Signature of a member or authorized representative of a member JOSUE RINCON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00