

211000041538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

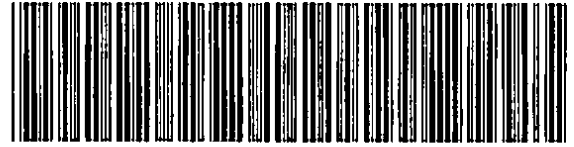
(Business Entity Name)

(Document Number)

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21 DEC -6 PM 3:22

T. MATTHEWS

DEC 16 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & V INVERSIONES 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:

FRANCISCO ALBERTO SIERRA

Name of Person

Firm/Company

3300 NE 192 ST UNIT 1901

Address

AVENTURA FL 33180

City/State and Zip Code

Albertosierraortega@hotmail.com

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

For further information concerning this matter, please call:

FRANCISCO ALBERTO SIERRA

786

537-1484

at (_____) _____

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

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

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M & VE INVERSIONES 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 04/04/2011 and assigned
Florida document number LI1000041538.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3300 NE 192 ST UNIT 1901

(Principal office address MUST BE A STREET ADDRESS)

AVENTURA FL 33180

Enter new mailing address, if applicable:

3300 NE 192 ST UNIT 1901

(Mailing address MAY BE A POST OFFICE BOX)

AVENTURA FL 33180

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:

FRANCISCO ALBERTO SIERRA

New Registered Office Address:

3300 NE 192 ST APT 1901

Enter Florida street address

AVENTURA, FL, Florida 33180

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.

FRANCISCO ALBERTO SIERRA

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SIERRA, FRANCISCO ALBERTO	3300 NE 192 ST UNIT 1901	<input checked="" type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	RAMIREZ, DIEGO	19195 MYSTIC POINT DR TOWER 100	<input type="checkbox"/> Add
		APT 702	<input checked="" type="checkbox"/> Remove
		AVENTURA FL 33180	<input type="checkbox"/> Change
MGRM	RAMIREZ, DIEGO	3300 NE 192 ST UNIT 1901	<input checked="" type="checkbox"/> Add
		AVENTURA FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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PA 3:22


additional sheets, if necessary.)

[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)

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 NOV 29/2021 

Signature of a member or authorized representative of a member

DIEGO RAMIREZ Diego Ramirez

Typed or printed name of signee

Filing Fee: \$25.00