

L11 000 078 HSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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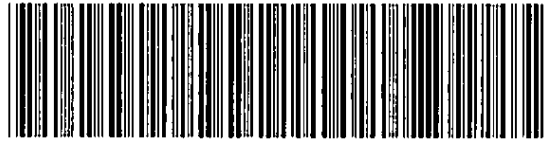
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INVERSIONES DON RAMON 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:

ANA M. VELIZ

Name of Person

ANA M. VELIZ, P.A.

Firm/Company

2600 S DOUGLAS ROAD, SUITE 710

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

AVELIZ@VELIZLAW.COM

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

For further information concerning this matter, please call:

ANA M. VELIZ

305 250-9917
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FL

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

INVERSIONES DON RAMON 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 07/07/2011 and assigned
Florida document number L11000078455.

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)

2890 SW 130TH AVENUE

MIAMI, FLORIDA 33175

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2890 SW 130TH AVENUE

MIAMI, FLORIDA 33175

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: ANA M. VELIZ, P.A.

New Registered Office Address: 2600 S DOUGLAS ROAD, SUITE 710

Enter Florida street address

CORAL GABLES

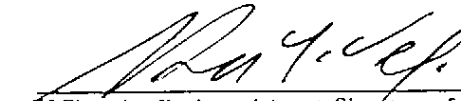
City

Florida 33134

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>
MGR	ALIRIA URDANETA	2890 SW 130TH AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NORA URDANETA	2721 SW 137 AVENUE # 101	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	KARYM URDANETA	2721 SW 137 AVENUE #101	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.

Dated 11-08-2023

Signature of a member or authorized representative of a member

ALIRIA URDANETA

Typed or printed name of signer