111000110406

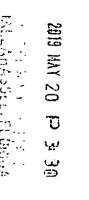
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

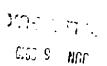
Office Use Only



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COVER LETTER

	R CORDOBA LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	JULIANA KARFITSAS		
		Name of Person	····
	MERCOSUR CORDOBA I	LC	
		Firm/Company	
	984 KEATON PKWY		
		Address	
	OCOEE FL 34761		
	JULIANAMGAVIAO@HO	City/State and Zip Code FMAIL.COM	
	E-mail address: (to	be used for future annual report notified	tion)
For further information co	ncerning this matter, please cal	11:	
JULIANA KARFITSAS		321 4365110 at ()	
Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a check for the	e 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

TO:

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meccosu	r Cordo	shall LC	
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appea Liability Company)	2013 MAY 20 P 3: 30
The Articles of Organization for this Limited I Florida document number 111000110406	iability Company	were filed on 09	
This amendment is submitted to amend the fol	ticles of Organization for this Limited Liability Company were filed on Organization for this Limited Liability Company were filed on		
A. If amending name, enter the new name o	of the limited liab	oility company h	ere:
The new name must be distinguishable and contain the Enter new principal offices address, if appli		ility Company," the c	designation "LLC" or the abbreviation "L.L.C.
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
C C	L./		our records, enter the name of the ne
Name of New Registered Agent:	JULIANA KA	RFITSAS	
New Registered Office Address:	7801 KINGSP	OINTE PKWY SI	· · · · · · · · · · · · · · · · · · ·
	ORLANDO	Enter Flo	rida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being a or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			C Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			Remove

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ective	date, if other than the date of filing: (optional)	
effect	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu	innt to 605.020
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will need to effective date on the Department of State's records.	ot be fisted a
recor	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	ne earlier (
	Oth day after the record is filed.	
	2019	
	19 · 2011	
	may 19 aut	
	Signature of a member or authorized representative of a member Luciana KARG Associative of a member Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00