

L11000131071

(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:

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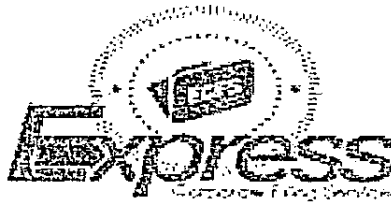


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12 NOV - 6 AM 10:27
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2612 NOV - 6 AM 10:16
T. CLINE
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EXAMINER
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1000 Ponce de Leon Blvd. Suite: 105
Coral Gables, FL 33134
Phone: 305-444-4994
Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Las 3 Marias, LLC L11000131071
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☐ Certified Copy

☐ Certificate Of Status

New Filings	
☐	Profit
☐	Non-Profit
☐	Limited Liability
☐	Other:

Amendments	
☒	Amendments
☐	Resignation
☐	Dissolution/Withdrawal
☐	Other:

Other Filings	
☐	Annual Report
☐	Fictitious Name
☐	Apostille:
☐	Other:

Examiners Initials	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 NOV - 6 AM 10:16
FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Las 3 Marias, 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 11/17/2011 and assigned
Florida document number L11000131071

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 end with 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 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.

X
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 Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Beltran, Sebastian	8500 West Flagler St Ste B-208 Miami, Fl 33144	☐ Add ☒ Remove
MGRM	Beltran, Maria Cecilia	8500 West Flagler St Ste B-208 Miami, Fl 33144	☐ Add ☒ Remove
MGRM	Beltran, Maria Laura	8500 West Flagler St Ste. B-208 Miami, Fl 33144	☐ Add ☒ Remove
MGRM	Cesar Facundo Roldan	8500 West Flagler St Ste. B-208 Miami, Fl 33144	☒ Add ☐ Remove
MGRM	Beltran, Maria	8500 West Flagler St Ste B-208 Miami, Fl 33144	☐ Add ☒ Remove
			☐ Add ☒ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____



 Signature of a member or authorized representative of a member
 Cesar Facundo Roldan

 Typed or printed name of signee

2022 NOV - 6 AM 10:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA