

# L13000061394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

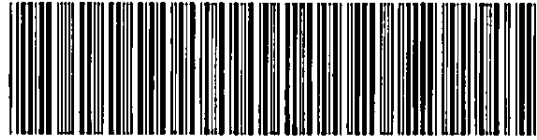
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300429990913

FILED

2024 MAY 29 AM 9:26

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAY 29 AM 9:40

TALLAHASSEE, FLORIDA

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
  
850.656.7953

**REQUEST DATE** 5/29/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1259007

**ORDER ENTITY**  
VIA DEL CORSO, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**VIA DEL CORSO, LLC (FL)**

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VIA DEL CORSO, 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:

Pedro Ignacio Maggi

\_\_\_\_\_  
Name of Person

Gaius Trustees

\_\_\_\_\_  
Firm/Company

Av. Luis Alberto de Herrera 1248, WTC III, Office 258 (11300)

\_\_\_\_\_  
Address

Montevideo, Uruguay

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**FILED**

VIA DEL CORSO, LLC

2024 MAY 29 AM 9: 26

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/26/2013 and assigned  
Florida document number 1.13000061394.

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)**

**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 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          | Leticia Zambra         | 2590 Davie Road, Suite 4 | <input checked="" type="checkbox"/> Add    |
|              |                        | Davie FL 33317           | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
| MGR          | SANTARCIERI, JOSE LUIS | 6205 BLUE LAGOON DRIVE   | <input type="checkbox"/> Add               |
|              |                        | SUITE 130                | <input checked="" type="checkbox"/> Remove |
|              |                        | MIAMI, FL 33126          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |

2024 MAY 29 AM 9:26  
TALLAHSSEE, FLORIDA

FILED  
2024 MAY 29 AM 9:26  
TALLAHASSEE, FLORIDA

(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.

Dated May 28th, 2024

Jose Luis Santarcieri

---

Typed or printed name of signee

**Filing Fee: \$25.00**