

L15 000019502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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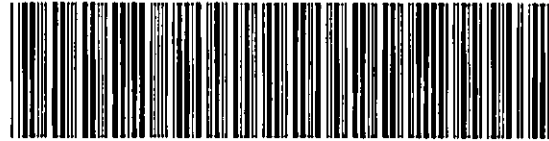
(Business Entity Name)

(Document Number)

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SECURITY STATE
TALLAHASSEE, FL

D BRUCE
SEP 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South American Build 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:

Yanil Espinal
Name of Person

South American Build LLC
Firm/Company

5274 fountains Dr. S
Address

Lakewood, FL 33467
City/State and Zip Code

cgilmendez@yahoo.com.ar
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yanil Espinal at (561) 723-4986
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

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TALLAHASSEE, FL
SECTION 1

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

South American Build 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 02/02/2015 and assigned Florida document number L15000019502

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)

5274 Fountains Dr. S.
Lakewood, FL 33467

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:

Yanil Espinal

New Registered Office Address:

5274 Fountains Dr.
Enter Florida street address

Lakewood

City

Florida

Zip Code

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021 SEP -9 P 4 11
TALLAHASSEE
STATE
OFFICE

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.

Yanil Espinal
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	Gustavo A Guzman	4855 VIA Palm Lakes 907	<input type="checkbox"/> Add
		West Palm Beach, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yanil Espinal	5274 Fountains Dr S	<input checked="" type="checkbox"/> Add
		Lakewood, FL 33467	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SEP 11 2021
TALLAHASSEE, FL

(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 08/30/21, _____

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Signature of a member or authorized representative of a member

ROBERTO GIL /BAEZ

Typed or printed name of signer

Filing Fee: \$25.00