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COVER LETTER

TO:

	egistration Se ivision of Cor			
SUBJECT	Corporativo	DD, LLC to Instituto Corpora	ntivo y Humano 3DAplus, LLC	
SUBJECT	·	Name of Lim	ited Liability Company	·
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ondence concerning this matter	to the following:	
		Erica Minerva de la O Orto	ega	
			Name of Person	
			Firm/Company	
		4132 NW 88th Ave. #202		
		Coral Springs, FL 33065	Address	
			City/State and Zip Code	
		delao_erica@yahoo.com		
F2 - 21 - 21			to be used for future annual report no	tification)
ror nimer	miormation c	oncerning this matter, please co	311:	
Erica de la	O		954 536-9921	
-	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	ne following amount:		
□ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Tailing Addres		Street Address:	
	egistration S	Section Torporations	Registration S Division of Co	
	O. Box 632		The Centre of	•
	allahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Corporativo DD, LLC		
(Name of the Limited Liability Comp: (A Florida Limited	any as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{-1.15000111606}{-1.000111606}$.	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liah</u>	oility company here:	
Instituto Corporativo y Humano 3DAplus, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4132 NW 88th Ave	24
(Principal office address MUST BE A STREET ADDRESS)	Suite 202	
	Coral Springs, FL 33065	
	"-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new register
		
New Registered Office Address:	Enter Florida street address	
	Flo	rida
	City	rida
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrovovisions of all statutes relative to the proper and complete	ee to act in this capacity. I fur	

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

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

	
	
ective date, if other than the date of filin	
	nd cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 meet the applicable statutory filing requirements, this date will not be listed a
ument's effective date on the Department of	State's records.
card enveither a dalayad affiretiva data but no	of an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	is an effective time, at 12.01 a.m. on the earlier of. (b) The 20m day after the
September 30th	2024
ed September 30th	· · · ·
	Trans
Signature of a	member or futhorized representative of a member

Filing Fee: \$25.00