## L15000160374

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

Office Use Only



000408008980

05/03/29--01012--017 \*\*25.00

TESTAN -3 FR 4: 12

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

· TO:

SUBJECT: INVERSIO	NES DONA ANA LLC	S. 1111 (195. Z)	<del></del>
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nora Urdaneta		
		Name of Person	
	Inversiones Dona Ana LL		***
		Firm/Company	
	2721 SW 137th Avenue, S		
		Address	
	Miami, Florida 33175	6. 6. 12. 6.1	
	timetradings@gmail.com	City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information e	oncerning this matter, please ca	all:	
Nora Urdaneta		at (786 Area Code) 877-2540 Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	:
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11 ED 20231: Y-3 PH 4: 12

INVERSIONES DONA ANA LLC	manni ar it may aranggan an ay records )	OF THE STATE
(A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	ASSEE. FL
The Articles of Organization for this Limited Liability Comp.  Florida document number L15000160374	any were filed on 09/21/2015	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited L	diability Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same.	<u>=.</u>
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:	Same.	
(Mailing address MAY BE A POST OFFICE BOX)	maning address, it applicable:	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the i	name of the new registered
Name of New Registered Agent: No Change		
New Registered Office Address:	Enter Florida street address	<del></del>

## 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 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>	Name	Address	Type of Action
MGR	Urdaneta, Karym	2721 SW 137th Ave, Suite. 101	
		Miami, FL 33175	<b>X</b> Remove
			□Change
<del></del>			
			□Remove
			□Change
			□Remove
		····	□Change
			Remove
			□ Change
			□Add
			□Change
		<del></del>	□Add
		****	Remove
			□Change

N/A									
	-						•		
				,					
							<del></del>		
		· · · ·					····		
+		•							
	<del></del>							<del></del>	
							٠,	1023	
				1			173	120	
							>;	« 	25
							1587	ယ	ř.
							<del>- 222</del>	<u>-₽</u>	i
							in S	PM 4: 1:	•
								12	
							m		
-							<del></del>		
					•				
fective date, if	other than the	date of filin	g:			(option	al)		
n effective date is	listed, the date must nserted in this bl	st be specific and	d cannot be pric	r to date of filin	g or more than 9	0 days after fil	ing.) Pursuan	it to 605.	0201
	ve date on the D				tuing require	ments, this d	ate will not	be liste	a as
ecord specifies a	delayed effectiv	e date thut no	t an effective	time at 12:01	am on the ea	rlier of: (b)	The 90th d	av after	the
is filed.	delayed effective	o dire, but no	t un criccii i	<b>, a</b> t 12.01	a.m. on me ca	11101 01. (0)	1110 70111 0	ay unci	1110
ted April 27			2023						
icu <u>roman</u>			·	<del></del> ,					
Χ	1/1	LECK	, ,						
	<i>'/ :</i> \	<u>, - , 2</u>	P <del>r</del>						
		Signature of a	member or auti	iorized represer	itative of a mem	ber			

Filing Fee: \$25.00