

L16000126453

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SECRETARY OF STATE  
FALLAHATSEFCOM  
17 NOV 29 AM 9:30

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANTA LOLA R.E.L. 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:

CAROLINA LUQUE

Name of Person

PLF GLOBAL LLC

Firm/Company

175 SW 7TH STREET, SUITE 2006

Address

MIAMI, FL 33130

City/State and Zip Code

A.GIL@IGMASA.COM

E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA LUQUE

305 447-2611  
at ( )

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SANTA LOLA R.E., 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 JULY 8, 2016 and assigned  
Florida document number 116000126453.

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 "LLC."

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	HUGO E ROMERO	AV. VITACURA 2939 PISO 8	<input type="checkbox"/> Add
		LAS CONDES, SANTIAGO 75500	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTA E BONOMI	SAN MARTIN DE TOURS 2881	<input checked="" type="checkbox"/> Add
		CIUDAD AUTONOMA, BUENOS	<input type="checkbox"/> Remove
		C.P 1425, ARGENTINA	<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

1 b. If amending any other information, enter change(s) here: *(this column not needed for this case)*

17 NOV 29 AM 9:30

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

None of the above information is being amended. The person(s) who prepared this document is/are \_\_\_\_\_

If the record is not effective on the date of filing, but has an effective time, at 12:01 a.m. on the \_\_\_\_\_ day after the record is filed.

Dated NOVEMBER 21 2017



MARTA E. BONOMI