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SECRÉTARY OF STATE TALLAHASSEE, FLORIDA

2016 NOV 14 PM 3: 10

K. SALY NOV 17 2016

COVER LETTER

SUBJECT:	AGOS DE	HIELO (USA), LLC		
_		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspon	dence concerning this matter	to the following:	
		HUGO S HERRERA		
			Name of Person	
	Division of Corporations LAGOS DE HIELO (USA), LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: HUGO S HERRERA			
			Firm/Company	
		1835 EAST HALLANDA	LE BEACH BLVD, STE 389	
			Address	
		HALLANDALE BEACH,	FL 33009	
		·	City/State and Zip Code	
		, -		
		E-mail address: (to be used for future annual report notif	ication) —
For further info	rmation co	ncerning this matter, please ca	all:	
HUGO S HER	RERA			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a c	heck for the	following amount:		
□ \$25.00 Fili	ng Fee		Certified Copy	Certificate of Status & Certified Copy

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

2016 NOV 14 PM 3: 18

VALLAHASSEE. FLORION

LAGOS DE HIELO (USA), LLC

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

(,,	Trional Diffice Blacking Company)	CORION
The Articles of Organization for this Limited Liab	bility Company were filed on 09/12/2016	and assigned
Florida document number L16000170157		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
LAGOS D'HIELO (USA) LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE Be	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		
Name of New Registered Agent:	unco hereose	<u> </u>
New Registered Office Address:	1835 EAST. WHULU SALE B Enter Florida street address	eson forc 380
	LILLY BOLGE, Florid	a 3300e
		Zip Code
New Registered Agent's Signature, if changing Res	gistered Agent:	
I hereby accept the appointment as registered t	agent and agree to act in this canacity. I furthe	er agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or removed	g Authorized Person(s) authorized to a from our records:	manage, <u>enter th</u>	e title, name, and address of each	person being added
MGR = M AMBR = A	lanager uthorized Member		e title, name, and address of each	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action
			ASSEE, FLORIDA	Add
			 	Remove
				☐ Change
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		FLORIDA
		
ffective date, if other than the	date of filing: (optional)	40.5.00
	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu ock does not meet the applicable statutory filing requirements, this date will no	
ocument's effective date on the De	partment of State's records.	
e record specifies a delayed	effective date, but not an effective time, at 12:01 a.m. on th	e earlier
The 90th day after the reco	ord is filed.	
NI		
November 04 ated	, 2016	
aica	.(,	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00