Florida Department of State Division of Conservious

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:				
CILICAL	Auul Caa i			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SEGOVIA INVESTMENTS USA LLC

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Corporate Filing Menu

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SEP - 1 2022

COVER LETTER

TO:	Registration Section Division of Corporations	e vi . '
	SEGOVIA INVESTMENTS USA L	
SUBJE		of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) a	are submitted for filling.
Pleaser	eturn all correspondence concerning this r	matter to the following:
	IVAN D SEGOVIA	PINTO
		Name of Person
	SEGOVIA INVEST	TMENTS USA LLC
	<u> </u>	Firm/Company
	3540 SAGAMORE	LN
		Address
	KJSSIMMBE, FL 3	34741
		City/State and Zip Code
	E-mail a	address: (to be used for future annual report notification)
For fu	orther information concerning this matter,	please call:
IVAN	I D SEGOVIA PINTO	at ()
	Name of Person	Area Code Daytime Telephone Number
Enclo	sed is a check for the following amount:	S55 00 Filing Fee & S60.00 Filing Fee,
≣ \$	25.00 Filing Fee S30.00 Filing Fe Certificate of S	ce &
		Street Address:
	Mailing Address:	Street Address: Registration Section
	Registration Section Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

P.O. Box 6327 Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEGOVIA INVESTMENTS USA LI	.C	annears on our records	s.)
(Name of the Limited	Liability Company as it now Florida Limited Liability Con	npany)	~
The Articles of Organization for this Limited Lia Florida document number L16000198812			and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability comp	oany here:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREE)	ible:	sy." the designation "LLC	" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or r	egistered office address	on our records, ente	r the name of the new registered
agent and/or the new registered office addre	ss nere.		<u> </u>
Name of New Registered Agent:	IVAN D. SEGOVIA PI	NTO	PM 12:
New Registered Office Address:	3540 SAGAMORE LN	Enter Florida street addr	ess 3
	KISSIMMEE		Florida 34741 Zip Code
	City	ı	•

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

Title	Name	Address	Type of Action
AMBR	Ivan D. Segovia Pinto	Carrera 50 No 111-41 Alambra	□Add
		Bogota, Cundinamarca, 00000 CO	□ Remove
			= Change
MGR	Luis F. Segovia	Carrera 50 No 111-41 Alambra	□Add
		Bogota, Cundinamarca, 00000 CO	Remove
			Change
AMBR	Paola A. Suarez Velandia	Carrera 50 No. 111-41 Alambra	a Add
	Bogot	Bogota, Cundinamarca, 00000 CO	Remove
			Change
			□ Add
			Remove
			[] Change
_			□Add
			□Remove
			Change
			□Remove
			Change

amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
5	
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Effectiv (If an effe	re date, if other than the date of filing:
	f the date inserted in this block does not meet the appreciate data on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/30/27 2022
	Signature of a member or authorized representative of a member
	Time Organ Spanish
	Typed or printed name of signee

Filing Fee: \$25.00