Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000186797 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

The second secon

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone Fax Number

: (407)932-0040 : (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.

mail	Address:								
------	----------	--	--	--	--	--	--	--	--

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJEC				
COBSE	- · · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing,	
		ondence concerning this matter	-	
		IVAN D SEGOVIA PINT	.0	
			Name of Person	
		SEGOVIA INVESTMEN	TS USA LLC	·
		-	Firm/Company	
		3540 SAGAMORE LN		
			Address	·
		KISSIMMEE,FL 34741		
			City/State and Zip Code	
		E-mail address:	(to be used for future annual report not	(fication)
For furth	er information c	oncerning this matter, please c	•	
	SEGOVIA PIN	"		
		f Person	at () Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$25.0	00 Filing Pee	□ \$30.00 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)
,	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 810

. . .

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/2}{10}$	7/2016 and assigned
Florida document number L16000198812	• .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>:e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	
Enter new principal offices address, if applicable:	023
(Principal office address MUST BE A STREET ADDRESS)	
	25
Enter new mailing address, if applicable:	 <u>α</u> .
(Mailing address MAY BE A POST OFFICE BOX)	
·	·
•	•
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	cords, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florid	da stree: address
	, Florida
City	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>	Address	Type of Action
MGR	ANDRES M MESA VILLAMIL	2334 CYPRESS BEND DR	≅ Add
		POMPANO BEACH FL 33069	□Remove
			□ Change
			□Remove
			Change
,			□Add
		 	□Remove
			□Change
			□Remove
			Change
			□Add
			□ Remove
			Change
-			□Add
			□Remove
			∏Chang a

		•
		
_		
	······································	·
		·
		 ·
_		
		· · · · · · · · · · · · · · · · · · ·
		··· -
<u>ote:</u> If	tive date, if other than the date of filing: (optional tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	l) 8.) Pursuant to 605.02 e will not be listed
ecord s is filed	specifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T l.	he 90th day after th
ted	May. 19 . 2023.	
	Iván segovia Pinto	
	Signature of a member or authorized representative of a member	~

Filing Fee: \$25.00