# 17000188959

| (Requestor's Name)                      |
|---|
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
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| (Document Number)                       |
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### **COVER LETTER**

| TO: Registration So<br>Division of Co |   |   |  |  |
|---------------------------------------|---|---|--|--|
| AND 1874 P.P.                         | FINCA PRODUCTS IME                                | PORT & EXPORT L.L.C   |  |  |
| SUBJECT:                              |   | ited Liability Company  |  |  |
| The enclosed Articles of              | Amendment and fee(s) are sub                      | mitted for filing.  |  |  |
| Please return all correspo            | ondence concerning this matter                    | to the following:   |  |  |
|                                       |   | DEYANIRE GONZALEZ   |  |  |
|                                       | Name of Person                                    |   |  |  |
|                                       | ALL AMERICAN CORPORATE & IMMIGRATION SERVICES LLC |   |  |  |
|                                       | Firm Company                                      |   |  |  |
|                                       | 1560 SAWGRA                                       | SS CORPORATE PARKWAY 4T   | HFLOOR SUITE #421  |  |
|                                       | <del> </del>                                      | Address   |  |  |
|                                       |   | SUNRISE, FL 33323   |  |  |
|                                       |   | City/State and Zip Code   | <del></del>  |  |
|                                       | •   | merinco@hotmail.com   | · · ·  |  |
|                                       |   | to be used for future annual report notif                           | ication)   |  |
| For further information c             | oncerning this matter, please co                  | all:  |  |  |
| DEYANIRE GONZALI                      | EZ  | 305 9108081   |  |  |
| Name (                                | of Person   | at ()<br>Area Code Daytime  | Telephone Number   |  |
| Enclosed is a check for t             | he 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, Ft. 32314

TO:

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

# FINCA PRODUCTS IMPORT & EXPORT L.L.C (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 04/28/2018 The Articles of Organization for this Limited Liability Company were filed on \_\_\_ \_\_ and assigned Florida document number L17000188959 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

#### 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 |
|--------------|----------------------|----------------------------|----------------|
| AMBR         | JEISON PRIETO RINCON | 1008 ASPEN ROAD WPB, FL334 |                |
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| Effee           | tive date, if other than the date of filing:  |
| Note:           | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 t. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the  |
| docur           | nent's effective date on the Department of State's records.   |
|                 |   |
| the re          | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  |
| the re<br>) The | e 90th day after the record is filed.   |
| the re<br>) The | e 90th day after the record is filed.   |
| the re<br>) The |   |

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