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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor				
CUD ICA		ERICAN BUSINESS DEVEL	OPMENT, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		RUSSELL. ALEXANDER	RD		
			Name of Person		
			Firm/Company		
		15310 AMBERLY DR, SU	JITE 250		
		Address			
		TAMPA, FL 33647			1141 20
		SFIDAUSA@GMAIL.COM	City/State and Zip Code		VISTA OF COSTORATIONS 20 FEB 18 AM 7: LT
		E-mail address: (	to be used for future annual report not	(fication)	<b>3</b> 2
For furth	ier information c	oncerning this matter, please c	all:		<b>₹</b> 33
RUSSEI	LL, ALEXANDI	ER D	813 4923416		ORATIC 7: 4.1
	Name o	f Person		ne Telephone Number	- Ioxs
Enclosed	l is a check for th	ne following amount:			
□ <b>\$</b> 25.	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is c	atus &
	Mailing Address Registration 5 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERAMERICAN BUSINESS DEVELOPMENT, 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 w	ere filed on 12/29/20	17	and assigned	10145
Florida document number L17000263999				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
SFIDA MULTISERVICIOS USA, LLC				
The new name must be distinguishable and contain the words "Limited Liability	Company." the designat	ion "1.1.C" or the abbre	viation "L.L.C."	
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)				_
	<del></del>			_
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our record	s, <u>enter the name o</u>	of the new regist	tered
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida str	vet address		
	City	Florida	Zin Cooks	_
New Registered Agent's Signature, if changing Registered Agent:	\ nj		raps talk	

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 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>	Type of Action
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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ffect	ive date, if other than the date of filing: (optional)
fan efi Vote	ive date, if other than the date of filing:
	nent's effective date on the Department of State's records.
recor d is fi	d 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
u 15 11	icu.
Dated	FEBRUARY, 11TH 2020
Juicu	
	Mey Gassall
	Signature of a member or authorized representative of a member
	Alexander D. Russell, Manager

Filing Fee: \$25.00