L18000052147

(Re	questor's Name)	
(Ad	dress)	
	dress)	-
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
rtified Copies	_ Certificates	s of Status
——————————————————————————————————————	Filina Officer:	
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Office Use Only

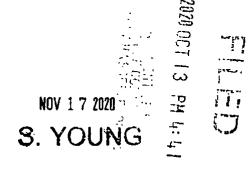


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COVER LETTER

	Registration Se Division of Co			
OLUB 1112		ONES ASTUDILLO LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JORDI JOAN ASTUDILL	O TARRASON	
			Name of Person	
		INVERSIONES ASTUDI	LLO LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	· · · · ·
		13221 SW 95 AVE		
			Address	
		MIAMI, FL 33176		
			City/State and Zip Code	
		info@imtaxadvisors.com	to be used for future annual report not	ificulion
For furthe	er information o	concerning this matter, please co		
JORDEJ	OAN ASTUDI	LLO TARRASON	305 631-6666	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed	is a check for t	he following amount:		
≡ \$25.0	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 Addres Registration : Division of C P.O. Box 632 Fallahassec.	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES ASTUDILLO LLC			2920
(Name of the Limited Liability Con (A Florida Limit	mpany as it now appears ted Liability Company)	on our records.)	DCT II
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{02/2}{1}$.7/2018	and assigned
lorida document number L18000052147			¥ [
This amendment is submitted to amend the following:			PA F. L.
a. If amending name, enter the new name of the limited l	iability company her	<u>e</u> :	
N/A			
he new name must be distinguishable and contain the words "Limited L	iability Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	. <u> </u>	
<u>Principal office address MUST BE A STREET ADDRESS</u>	2		
	N/A		
Enter new mailing address, if applicable:	IVA		
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered offigent and/or the new registered office address here:	ce address on our re	cords, <u>enter the r</u>	name of the new register
Name of New Registered Agent: N/A	-		
New Registered Office Address:			
	Enter Flori	N/A Enter Florida street address City City Thorida Zip Code of to act in this capacity. I further agree to comperformance of my duties, and I am familiar with ovided for in Chapter 605. F.S. Or, if this documents in the capacity of the content of the cont	
		Florida	T. P. L.
	·		гір Сөле
New Registered Agent's Signature, if changing Registered Age			
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of r as provided for in C	ny duties, and La hapter 605, F.S.	am familiar with and Or, if this document is
III	Changing Registered Age	nt, Signature of Nev	Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carmen Tarrason Vilarrubias	Salas No. 362. Recoleta Santiago, Chile, CH 84200-C	00 □Add
			■Remove
			□Change
AMBR	Ximena Catalina Najera Gordillo	Salas No. 362. Recoleta Santiago, Chile, CH 84200-	00 ≘ Add
		· 	□Remove
			□Change
			□Add
			_ Remove
			□Change
			_ 🗆 Add
			_ Remove
			_ □Change
			□Add
		Remove	
			_ Change
			_ □Add
			□Remove
			DChange

N/A			<u> </u>					_
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Effortive dute	if ather the	n the date of	filino [.]			(optio	nal)	
Note: If the d	ate inserted in t	te must be specit his block does the Departmen	not meet the ap	plicable statut	iling or more that ory filing requ	m 90 days after f	nal) iling.) Pursuant to date will not be	605,020 listed a
e record specif rd is filed.	ies a delayed ef	Tective date, bu	it not an effecti	ve time, at 12:	01 a.m. on the	earlier of: (b)	The 90th day a	ifter the
OCTO	3ER 06		2020	/	1111	11	7 ->	
Dated					. 111 11 1 .	1/4 K		
		Signature	of a member or	author.zefi repr	Hataliye of a r	nember		-

Filing Fee: \$25.00