

L18000194607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

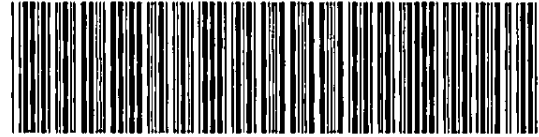
(Document Number)

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2018 OCT 15 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FL

OCT 17  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2018

MARIA LAURA PUGLIESE  
ACONCAGUA USA LLC  
11767 S. DIXIE HWY., #321  
MIAMI, FL 33156

SUBJECT: ACONCAGUA USA LLC  
Ref. Number: L18000194607

We have received your document for ACONCAGUA USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 318A00018621

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACONCAGUA USA LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Jaure

\_\_\_\_\_  
Name of Person

ACONCAGUA USA LLC

\_\_\_\_\_  
Firm/Company

11767 S. Dixie Hwy #321

\_\_\_\_\_  
Address

Miami, FL 33156

\_\_\_\_\_  
City/State and Zip Code

pjaure@aconcaguasf.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul Jaure

305 490-2499

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

OCT 16 2010

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ACONCAGUA USA 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 were filed on 8/14/2018 and assigned  
Florida document number L18000194607.

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:

Maria Laura Pugliese

New Registered Office Address:

6805 SW 132 Street

Enter Florida street address

Miami

Florida 33156

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>          | <u>Address</u>                             | <u>Type of Action</u>                   |
|--------------|----------------------|--------------------------------------------|-----------------------------------------|
| MGR          | Maria Laura Pugliese | 6805 SW 132 Street<br>Pinecrest, FL. 33156 | <input checked="" type="checkbox"/> Add |
|              |                      |                                            | <input type="checkbox"/> Remove         |
|              |                      |                                            | <input type="checkbox"/> Change         |
|              |                      |                                            | <input type="checkbox"/> Add            |
|              |                      |                                            | <input type="checkbox"/> Remove         |
|              |                      |                                            | <input type="checkbox"/> Change         |
|              |                      |                                            | <input type="checkbox"/> Add            |
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|              |                      |                                            | <input type="checkbox"/> Remove         |
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|              |                      |                                            | <input type="checkbox"/> Remove         |
|              |                      |                                            | <input type="checkbox"/> Change         |

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Typed or printed name of signee

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TALLAHASSEE, FL