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(((H180003343143)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018

Phone

: (305)222-2289

Fax Number : (305)221-3810

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ு DISTRIBUIDORA E IMPORTADORA LAS RIQUEZAS DEL MAR

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EXAMINER

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| TO: Registration S Division of Co | | | | |
|--------------------------------------------|-------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|
| DISTRIB | UIDORA E IMPORTADORA | LAS RIQUEZAS DEL MAR L | | |
| SUBJECT: Name of Limited Liability Company | | | | |
| | of Amendment and fee(s) are su | | | |
| | HENRY COSTA | | | |
| | | Name of Person | | |
| | HADAS ACCOUNTING | & TAX SERVICES | | |
| Firm/Company | | | /1 5.3 | |
| 210 SW 107TH AVENUE | | | | |
| | MIAMI FL 33174 | Address | | 2010 NOV 26 PM |
| | HCZAYLIN@AOL.COM | City/State and Zip Code | | PH 1: 16 |
| 5 a | | to be used for future annual report notifi | cation) | 16 16 |
| | concerning this matter, please o | all: | | |
| HENRY COSTA | | 305 222-2289 | | |
| Name o | of Person | Area Code Daytime | Telephone Number | _ |
| Enclosed is a check for t | he following amount: | | | |
| S25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing F Certificate of: Certified Copy (additional copy i | Status & y |
| | ING ADDRESS: ation Section | STREET/COURIE Registration Section | R ADDRESS: | |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lin | ited Liability Compan (A Florida Limited Li | y as it now appears | #L2 OU OHL Lecolds") | |
|---------------------------------------------------------------------------------------|------------------------------------------------|---------------------|--------------------------------|------------------|
| The Articles of Organization for this Limited Florida document number L18000239576 | Liability Company v | were filed on | OCTOBER 09 2018 | _ and assigned |
| This amendment is submitted to amend the for | llowing: | | | |
| A. If amending name, enter the new name | of the limited liabil | ity company l | nerc: | |
| The new name must be distinguishable and contain the | words "Limited Liability | y Company," the | designation "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if applicable: | | 718 VALENC | IA AVENUE CORAL GAB | LES FL 33134 |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | <u> </u> |
| | | | | = |
| Enter new mailing address, if applicable: | | 718 VALENC | IA AVENUE CORAL GABI | -ES-FE-331-83 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u> </u> |
| B. If amending the registered agent and registered agent and/or the new registered of | I/or registered offi office address here: | ce address o | n our records, enter the | name of the ne |
| Name of New Registered Agent: | ENGELINA QUE | ESADA | | <u> </u> |
| New Registered Office Address: | 718 VALENCIA | AVENUE | | |
| | | Enter Flo | rida street address | |
| | CORAL GABLES | _ | , Florida <u>33134</u> | |
| | | City | 2 | Tip 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 Acgistered Agent, Signature of New Registered Agent

Page 1 of 3

F10000 72 17 14

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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|----------------------------|------------------------------------|----------------|
| MGR | HEGER ALEXANDER QUESADA | 210 SW 107TH AVE MIAMI FL 33174 | |
| | | | ■ Rcmove |
| | | 210 SW 107TH AVE MIAMI FL 33174 | Change |
| MGR | MINELBA DELGADO | | ☐ Add |
| | | | R¢move |
| | | | ☐ Change |
| AMBR | ENGELINA QUEZADA | 210 SW 107TH AVE MIAMI FL 33174 | Add |
| | | | Remove |
| | BAIS WAY SOV | | Change |
| AMBR ——— | PAUL VALERY | 210 SW 107TH AVE MIAMI FL 33174 | NOV 26 |
| | | | Remove: |
| | | | ORDANS- |
| MGR -—— | KEIBER MONTILLA | 210 SW 107TH AVE MIAMI FL 33174 | |
| | | | ■ Remove |
| MBR | KEIBER MONTILLA | 210 SW 107TH AVE MIAMI FL | Change |
| | | 33174 | D Add |
| | | | Remove |
| | | | Change |

Page 2 of 3

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 | HEGEL ALEXANDER QUEZADA 25% | 718 VALENCIA AVE CORAL GABLES FL 33134 | ■ Add |
| | | | |
| | | | |
| MGR | MINELBA DELGADO 25% | 718 VALENCIA AVE CORAL GABLES FL 33134 | A dd |
| | | | □ Remove |
| | | | Change |
| AMBR | ENGELINA QUEZADA 25% | 718 VALENCIA AVE CORAL GABLES FL 33134 | Add |
| | | | ☐ R ċm ove |
| | | | Cl Change |
| AMBR | PAUL VALERY 20% | 718 VALENCIA AVE CORAL GABLES FL 33134 | ⊟ Add |
| | | | Remove |
| AMBR | KEIBER MONTILLA 5% | 718 VALENCIA AVE CORAL GABLES FL 33134 | Change NOV 25 |
| | | | TRémove_ |
| | | | ⊒≥ □ Change |
| | · | | O Add |
| | | | Remove |
| | | | D Change |

FIDORONO 101. D. Mamending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 (3)(b) 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. If the record 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 record is filed. Dated NOVEMBER 19TH 2018 MINELBA DELGADO Typed or printed name of signee

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Filing Fee: \$25.00