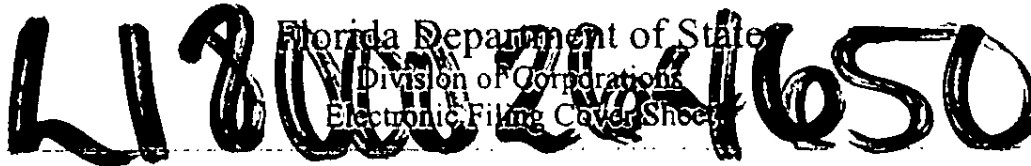


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TO: 18506176383 FROM: 5619650938
Division of Corporations

Page: 2
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LEGACY TAX, INC.
Account Number : I20120000069
Phone : (561)683-3000
Fax Number : (561)965-0938

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

Email Address: LEGACYTAXCORPS@GMAIL.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RECARGA DEL CARIBE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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2019 JUN 25 PM 4:08

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RECARGA DEL CARIBE, 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:

ARNALDO J COUCELO

Name of Person

LEGACY TAX, INC.

Firm/Company

1601 BELVEDERE RD, SUITE 305S

Address

WEST PALM BEACH, FL 33406

City/State and Zip Code

LEGACYTAXCORPS@GMAIL.COM

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

For further information concerning this matter, please call:

ARNALDO J COUCELO

561
at ()

683.-3000

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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06/25/2019

08:40 AM PDT

TO:18506176383 FROM:5619650938

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

RECARGA DEL CARIBE 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 NOVEMBER 5, 2018 and assigned
Florida document number L18000264650

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

12022 E BASIN ST

(Principal office address MUST BE A STREET ADDRESS)

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

12022 E BASIN ST

(Mailing address MAY BE A POST OFFICE BOX)

WELLINGTON, FL 33414

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:

ALVARO SUCRE

New Registered Office Address:

12022 E BASIN ST

Enter Florida street address

WELLINGTON

Florida 33414

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.

ALVARO SUCRE
If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
X	MANAGER	JULIO SUCRE	<input type="checkbox"/> Add
		6016 OLD CONGRESS RD 1	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33462	<input type="checkbox"/> Change
X	MANAGER	CHRISTIAN RIGU	<input type="checkbox"/> Add
		6016 OLD CONGRESS RD 1	<input checked="" type="checkbox"/> Remove
		LAKE WORTH, FL 33462	<input type="checkbox"/> Change
X	MANAGER	ALVARO SUCRE	<input checked="" type="checkbox"/> Add
		12022 E BASIN ST	<input type="checkbox"/> Remove
		WELLINGTON, FL 33414	<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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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.)
 Not valid

(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.

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

Dated JUNE 17 2019

Signature of a member or authorized representative of a member

JULIO SUCRE
Typed or printed name of signer

Typed or printed name of signer

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