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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VALEZAR & ASSOCIATES

Account Number : I20150000092 Phone : (305)252-5505

Fax Number : (888)346-7187

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

Email Address: MIYTHA @ Valezar . COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEJANDRO FIGUEREDO HOLDINGS LLC

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Fax: 13052525505

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COVER LETTER

TO: Registration Division of C	s Section Corporations		
	NDRO FIGUEREDO HOLDINGS LLA	2	
SUBJECT:	Name of Limited L	iability Company	
The enclosed Articles	of Amendment and fee(s) are submitte	d for filing.	
Please return all corre	spondence concerning this matter to th	e following:	
	MIRTHA ALMANZAR		
		Name of Person	
	VALEZAR & ASSOCIATES I	NC	
		Firm/Company	
	12485 SW 37TH AVE STE-2	ub 1	<u> </u>
	MIAMI, FL 33186	Address	
	MIRTHA@VALEZAR.COM	ry/State and Zip Code	
	E-mail address: (to be	used for future annual report notif	ication)
For further information	on concerning this matter, please call:		
CYNTHIA VAZQUI	E2	305 252-5505	
Nat	ne of Person		: Telephone Number
Enclosed is a check f	or the following amount:		
S25.00 Filing Fee	e ☐ \$30.00 Filing Fee & ☐ Certificate of Status	2 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Rc	AILING ADDRESS: gistration Section vision of Corporations	STREET/COURI Registration Section Division of Corpor	n
P.0	D. Box 6327	Clitton Building 266! Executive Ce	nter Circle

H190001010673

Tallahassee, FL 32301

Fax: 13052525505

03/26/2019 5:59 PM

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ARTICLES OF ORGANIZATION

ALEJANDRO FIGUEREDO HOLDINGS 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 C	 Company were f	iled on 11/13/2018	and assigned	
Florida document number L18000264961				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	rited liability co	mpany here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Com	pany," the designation "LL	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD.	RESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office a dress bere:	ddress on our recor	ds, enter the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
New Registerer Office Address.	Enter Florida street oddress			
		,1	Florida	
-		ΪŅ	Zip Cod≇	
New Registered Agent's Signature, if changing Register				
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and	complete perio	rmance of my auties.	and I ain Jaminar with and	

accept the obligations of my position as registered agent as provided for in Chapter 603, r.3. Or, if this documbeing 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

Page 1 of 3

Fax: 13052525505

or removed from our records:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

MGR = 1	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	CLAUDIA CAMARGO	18573 SW 104TH AVE #1C	Add
		MĽAMI, FL 33157	D Remove
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			□ Remove
			☐ Change
		_	TAHAM TANA
			Rêmove AH CO
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			(E-Will 0)
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			☐ Change
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			□ Remove
			Change

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. Effec	tive date, if other than the date of fil	ing:		(optional)			
(If an e	ffective date is listed, the date must be specific If the date inserted in this block does not ment's effective date on the Department of	and cannot be prior at meet the applic	able statutory is	r more than 90 days iling requirement	safter filing.) P s, this date wi	arsuant to 60 Il not be lis	15,0207 (i ited as ti	3)(b) he
the re	ecord specifies a delayed effective e 90th day after the record is file	e date, but no d.	t an effectiv	e time, at 12:	01 a.m. or	the earl	ler of:	
Dated	MARCH 20	2019		/2				
54.00		Del		/				
	Signature o	Thember or auth	orized Appresenta	live of a member		-		
	ALEJANDRO FIGUEREDO							

Page 3 of 3 Filing Fee: \$25.00

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