

L18000280269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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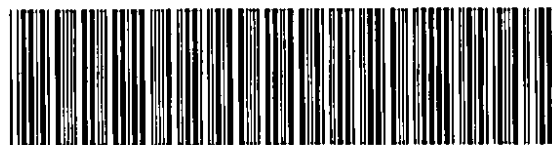
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2018 DEC 19 PM 1:44

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12/19/18--01007--032 **25.00

10-71

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRIADERO LUXO CAUJARAL, 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:

JAIME A. OCHOA

Name of Person

CRIADERO LUXO CAUJARAL, LLC.

Firm/Company

7900 HARBOR ISLAND DRIVE # 615

Address

NORTH BAY VILLAGE, FLORIDA. 33141

City/State and Zip Code

criaderoluxocaujaral@gmail.com

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

For further information concerning this matter, please call:

JAIME A. OCHOA

786 477-0428
at ()

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

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

CRIADERO LUXO CAUJARAL, 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 12/05/2018

Florida document number L18000280269

This amendment is submitted to amend the following:

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

CRIADERO LUXO USA, LLC.

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:

1456 NW 78TH AVE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FLORIDA

33126

Enter new mailing address, if applicable:

1456 NW 78TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FLORIDA

33126

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:

New Registered Office Address:

Enter Florida street address

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated DECEMBER 10TH

2018

~~Signature of a member or authorized representative of a member~~

JAIME A. OCHOA

Typed or printed name of signee

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Filing Fee: \$25.00

2018 DEC 19 PM 1:44
TALLAHASSEE, FL

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