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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
CUDIDOT		ES TEPUY CA LLC	•	
SUBJECT	:	Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		KARINA PACHECO		
			Name of Person	
		KARINA PACHECO PA		
			Firm/Company	
		18800 NE 29 AVE 503		
			Address	<del></del>
		AVENTURA, FL 33180		
			City/State and Zip Code	
		KARINAPACHECOPA@G	GMAIL.COM to be used for future annual report notification)	
For further	information c	oncerning this matter, please c		
KARINA I	РАСНЕСО		305 300-5733	2021
	Name o	f Person	at () Area Code Daytime Telepho	2021 JUN 22
Enclosed is	s a check for th	ne following amount:		₩ <b>2</b>
<b>\$25.00</b>	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)
	Tailing Addres		Street Address: Registration Section	
D	ivision of C	Corporations	Division of Corporatio	
	.O. Box 632 allahassee, l		The Centre of Tallahas 2415 N. Monroe Street	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECICLAJES TEPUY CA LLC					
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited I	iability Company	were filed on 06/15/2021		and assig	gned
Florida document number L18000284631	•	•			
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbrev	iation "L.L	.C."
Enter new principal offices address, if appli	cable:	18800 NE 29 AVE 503			
	cipal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:		18800 NE 29 AVE 503	440.00		
Mailing address MAY BE A POST OFFICE	(BOX)	AVENTURA, FL 33180	<u> </u>	2021	
					• • • • • • • • • • • • • • • • • • •
			, 6. 7 - 1	22	3.00
3. If amending the registered agent and/or		address on our records, <u>e</u>	nter the name of		registe
ngent and/or the new registered office addre	ess here:	·		<u></u> 丞 .	
Name of New Registered Agent:	JOSE ALEJAN	NDRO BUGALLO	11.2	8: 21	
New Registered Office Address:	18800 NE 29 A	AVE 503			
regione a anno 1 minoso.		Enter Florida street a	ddress		
	AVENTURA		_, Florida <sup>33 i 80</sup>		
		City	_, 1 101144	In Code	<del></del>

## 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>	Address	Type of Action
MGR	NATHALIE NANCO	250 180TH DR.	
		SUNNY ISLES BEACH, FL 33160	≣Remove
			□Change
MGR	JOSE ALEJANDRO BUGALLO	18800 NE 29 AVE 503	<b>\equiv A</b> dd
		AVENTURA, FL 33180	□Remove
			□ Change
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