L1900032386

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	
		:

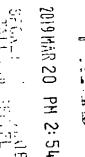
Office Use Only

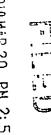


400326370074

03.20033--00.00 -014 ** 25.00

R. VATTE EG CESSIN





COVER LETTER

SUBJECT: Lav	caman G	roup LLC mited Listoflity Company	
	Name of Lir	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Pleuse return all correspo	ondence concerning this matter	r to the following:	
	Eduar	do Soffici	
		Name of Person	
	Caxcama	n Group LLC	_
		r irin Compinis	
	2522 SE	Saint Lucie	Blud
		Address	
	Stuart	FL 34996	Egmail, com
		City/State and Zip Code	
	earth Car	-camangroup	a gmail, com
Live further information is			ication 🗸
	oncerning this matter, please c	an:	
Edvardo:	Soffici	at (<u>772</u>) <u>285-</u> Area Code Daytimo	3009
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25,00 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)

MAILING ADDRESS:

TO:

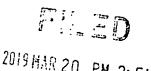
Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clinton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Carcaman G	npany as it dow appears on our records.) TE ed Liability Company)
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it flow appears on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1900003238</u> 6	my were filed on $\frac{7-37-19}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>enter the name of the new</u> <u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Case Zin 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:

	anager uthorized Member		
Title	Name	Address Vin II Sin Ville Bu	Type of Action
MINBR	Diego Soffici		D Add
		Laprida 5650 (3000) Santak Argentina	Remove
		Argens ina	Change
			□ Add

	Argentina	
		Change
		□ Remove
		Change
		Remove
		Change
		□ Remove
		☐ Change
		□ Remove
		☐ Change
		☐ Remove
		C C barrers

	Please change Diego Soffici
	Please change Diego Soffici from MER to AMBR. Thanks
	Thanks
•	
,	
-	<u> </u>
-	
_	
(If an ef <u>Note:</u>	ive date, if other than the date of filing: 3-31-19 (optional) ective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	3-18-19 Co Signature of a demiller or authorized representative of a member
	Eduardo Soffici

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

Page 3 of 3

Filing Fee: \$25.00