## L19000112469

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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
SURJECT: C.IFRUT	OS DE LA TIERRA, LLC		
<u> </u>	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANDRA L. MONCADA		
		Name of Person	
	LAS AMERICAS MULT	ISERVICES, LLC Firm/Company	
	450 S. OLD DIXIE HWY	STE 4 Address	
	JUPITER, FL 33458	City/State and Zip Code	
	· ·	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
SANDRA L MONCAD Name o	A f Person	at ( <u>561</u> ) <u>743-1023</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		٠
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sec	etion
Division of C P.O. Box 632	_	Division of Cor The Centre of T	porations
1 . O. 1307 UJ 2	. ,	The Collect of 1	ter a test a test side (A) Color

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C . I FRUTOS DE LA TIERRA, LLC (Name of the Limited Liability Compression (A Florida Limited	any as it now appears on our records.)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>04/24/2019</u>	and assigned
Florida document number <u>L19000112469</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words 'Limited Liabi	Nitre Commons () the designation (CT CD) and a large	15 T C 1
the trew mane most of manifemanapie and contain the words. Climited Figure	my Company," the designation "LLC" or the ac	oreviauon "L.L.C."
Enter new principal offices address, if applicable:	4721 COCONUT BLVD.	
Principal office address MUST BE A STREET ADDRESS)	WEST PALM BEACH, FL 33411	<del></del>
Enter new mailing address, if applicable:	4721 COCONUT BLVD.	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	WEST PALM BEACH, FL 33411	
	· ·	
		: •
3. If amending the registered agent and/or registered office a	address on our records, enter the nam	e of the new register
gent and/or the new registered office address here:		
		= :
Name of New Registered Agent:		5
New Registered Office Address:		
The state of the s	Enter Florida street address	<del></del>
	Plantda	
	, Florida	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 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
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tive date, if other than the date of filing:	(optional)	
ffective date is listed, the date must be specific and cannot be prior to date of filing in the date inserted in this block does not meet the applicable statutory in ment's effective date on the Department of State's records.	or more than 90 days after filing.) Pursuant to	605.020 listed as
ord specifies a delayed effective date, but not an effective time, at 12:01 a. filed.	.m. on the earlier of: (b) The 90th day a	after the
JULY 10th , 2021	Zue II	
Signature of a member or authorized represents	ative of a member	_