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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VILA TAX
Account Number : I201900000073
Phone : (954)778-9844
Fax Number : (954)840-6572

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

Email Address: Caspcolombia@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORAZON USA LLC**

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SEP 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORAZON USA, 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:

FREDDY A TRUJILLO ACCINI

Name of Person

CORAZON USA, LLC

Firm/Company

14720 SW 86TH LN

Address

MIAMI, FL 33193

City/State and Zip Code

CASPCOLOMBIA@GMAIL.COM

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

2019 SEP 23 PM 3:13
RECEIVED
FIDELITY

For further information concerning this matter, please call:

FREDDY A TRUJILLO ACCINI

305 699-1524
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

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ARTICLES OF ORGANIZATION OF

CORAZON USA, 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 MAY 20, 2019 and assigned
Florida document number L19000135032.

This amendment is submitted to amend the following:

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

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:

(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 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:

FREDDY A TRUJILLO ACCINI

New Registered Office Address:

14720 SW 86TH LN

Enter Florida street address

MIAMI

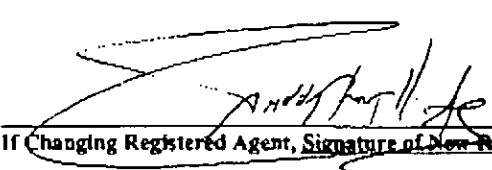
City

Florida 33193

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

Title	Name	Address	Type of Action
AMBR	GREGORIO SANCHEZVALLEJO	CALLE 18 NORTE # 14-25	<input type="checkbox"/> Add
		ARMENIA, QUINDIO COLOMBIA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FREDDY A TRIJILLO ACCINI	14720 SW 86TH LN	<input type="checkbox"/> Add
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSE LUIS ACCINI MENDOZA	CRA 52#100-105 CASA 9	<input checked="" type="checkbox"/> Add
		BARRANQUILLA, ATLANTICO COLOMBIA	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	ANA MERCEDES ACCINI DE TRUJILLO	Cra 56#72-161 EDIFICIO TAPACA APT 4B	<input checked="" type="checkbox"/> Add
		BARRANQUILLA, COLOMBIA	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated SEPTEMBER 19

2019

Signature of a member or authorized representative of a member

FREDDY A TRUJILLO ACCINI

Typed or printed name of signee