

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

H190002846573

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000284657 3)))



H190002846573ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : VILA TAX
 Account Number : I20190000073
 Phone : (954)778-9844
 Fax Number : (954)840-6572

2019 SEP 23 PM 3:53

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

****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**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2019 SEP 23 PM 3:35

Electronic Filing Menu

Corporate Filing Menu

T GLASS ^{Help}

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
APPROVED
FILED

For further information concerning this matter, please call:

FREDDY A TRUJILLO ACCINI at (305) 699-1524
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

H.190002846573

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:

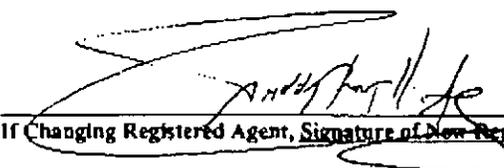
Name of New Registered Agent: FREDDY A TRUJILLO ACCINI

New Registered Office Address: 14720 SW 86TH LN
Enter Florida street address

MIAMI, Florida 33193
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

H190002846573

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
		ARMENTA, 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

4190002846573

Multiple horizontal lines for text entry.

2019 SEP 23 11:34:43

RECEIVED
STATE OF CALIFORNIA
DEPARTMENT OF STATE

09/19/2019

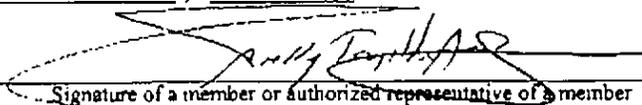
E. Effective date, if other than the date of filing: _____ (optional)

(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