

49000135408  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H20000217473 3)))



H200002174733ABC-

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 : JELEN ACCOUNTING SERVICES, INC  
Account Number : I20120000052  
Phone : (305)591-9180  
Fax Number : (305)591-9167

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

Email Address: info@jelenaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRACOYMCA LLC

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

JUL 21 2020

S. YOUNG

Changes were InCompleted. you did not add:  
→ AMBRIP Gonzalez Elmaida  
see articles of amendment attached.

DocuSign Envelope ID: 2B9B5DF4-C84F-45C9-BA15-CBE9B402DBF6

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TRACOYMCA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2020 JUL 29 PM 3:15  
FILED

The Articles of Organization for this Limited Liability Company were filed on 05/29/2019 and signed  
Florida document number L19000135408

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:

10912 NW 78 TERR

(Principal office address MUST BE A STREET ADDRESS)

DORAL, FL 33178

Enter new mailing address, if applicable:

10912 NW 78 TERR

(Mailing address MAY BE A POST OFFICE BOX)

DORAL, FL 33178

**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:

BENITEZ RAMIREZ, ROBERTO IGNACIO

New Registered Office Address:

10912 NW 78 TERR

*Enter Florida street address*

DORAL

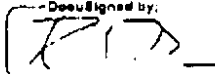
Florida 33178

*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.*

DeSigned by:  
  
A521CFE7B28F40D

**If Changing Registered Agent, Signature of New Registered Agent**

DocuSign Envelope ID: 2B9B5DF4-C84F-45C9-BA15-C8E9B402DBF8

If attending 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>              | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|--------------------------|----------------------|--|
| AMBR/V       | SANCHEZ, GUSTAVO         | PO BOX 521234        | <input type="checkbox"/> Add               |
|              |                          | MIAMI, FL 33152-1234 | <input checked="" type="checkbox"/> Remove |
|              |                          |                      | <input type="checkbox"/> Change            |
| AMBR/P       | GONZALEZ, ELMAIDA        | 10912 NW 78 TERR     | <input checked="" type="checkbox"/> Add    |
|              |                          | DORAL, FL 33178      | <input type="checkbox"/> Remove            |
|              |                          |                      | <input type="checkbox"/> Change            |
| AMBR/V       | BENITEZ RAMIREZ, ROBERTO | 10912 NW 78 TERR     | <input type="checkbox"/> Add               |
|              |                          | DORAL, FL 33178      | <input type="checkbox"/> Remove            |
|              |                          |                      | <input checked="" 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            |
|              |                          |                      | <input type="checkbox"/> Add               |
|              |                          |                      | <input type="checkbox"/> Remove            |
|              |                          |                      | <input type="checkbox"/> Change            |

DocuSign Envelope ID: 2B9B5DF4-C84F-46C8-BA15-CBE9B402D8F6

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

**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 JULY, 09 2020

-Dowditz nash try:

AB21CFF-TH2AE4DD

Signature of a member or authorized representative of a member

ELMAIDA GONZALEZ

Typed or printed name of signer