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TO			•	
			LLC	
Su	BJEC1:	Name of Limit	ed Liability Company	
The	enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Ple	ase return all correspor	ndence concerning this matter to	o the following:	
		NATALIA S. PAZOS, ESQ		
			Name of Person	
		ABOGADO GUERRERO, LI		
	Division of Corporations INDEPENDIENTE SANTA FE FC USA, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: NATALIA S. PAZOS, ESQ Name of Person ABOGADO GUERRERO, LLC Firm/Company 28 W FLAGLER STREET, SUITE 555 Address MIAMI, FLORIDA 33130 City/State and Zip Code NATALIA@ABOGADOGUERRERO, COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: FALIA S. PAZOS Name of Person Area Code Daytime Telephone Number			
		28 W FLAGLER STREET, S	• •	
		Division of Corporations INDEPENDIENTE SANTA FE FC USA, LLC Name of Limited Liability Company Independing the second and fee(s) are submitted for filing. Secure all correspondence concerning this matter to the following: NATALIA S. PAZOS, ESQ Name of Person ABOGADO GUERRERO, LLC Firm/Company 28 W FLAGLER STREET, SUITE 555 Address MIAMI, FLORIDA 33130 City/State and Zip Code NATALIA@ABOGADOGUERRERO.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: IA S. PAZOS Name of Person Area Code Daytine Telephone Number d is a check for the following amount: 00 Filing Fee Certificate of Status Certificate Of Status Certificate Of Status Certificate Copy Certificate Copy		
		MIAMI, FLORIDA 33130		
		NATALIA@ABOGADOGUEF	City/State and Zip Code RRERO.COM	
		E-mail address: (to	o be used for future annual report notific	cation)
Fo	r further information ed	oncerning this matter, please ca	II:	
N/	ATALIA S. PAZOS			
	Name of	Person	Area Code Daytime	Telephone Number
En	closed is a check for th	ne following amount:		
	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDEPENDIENTE SANTA FE FC U			
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears on our records.) .ability Company)	
The Articles of Organization for this Limited Liab Florida document number L19000142125	ility Company	were filed on MAY 28, 2019	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne l <u>imited liabi</u>	ility company here:	
The new name must be distinguishable and contain the word		ity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicab (Principal office address MUST BE A STREET.)		1200 WEST AVE, UNIT 608	
Trincipal office maness steet 102 /151 MEZ.	<u> </u>	MIAMI BEACH, FL 33139	
Enter new mailing address, if applicable:		1200 WEST AVE, UNIT 608	
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	MIAMI BEACH, FL 33139	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		ffice address on our records, <u>enter</u> e: ORA ZAMBRANO	the name of the per
New Registered Office Address:	1200 WEST A	VE, UNIT 608	, , , , , , , , , , , , , , , , , , ,
		Enter Florida street address	<u>u</u>
	MIAMI BEACH	H Florida 33	3139 ⁻

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
MGR	CARLOS J. MORA ZAMBRANO	1200 WEST AVE, UNIT 608 MIAMI BEACH FL 33139	Add
			□ Remove
			☐ Change
AR ————	NATALIA PAZOS	28 WEST FLAGLER ST, SUITE 555 MIAMI, FL 33130	
			■ Remove
			Change
			☐ Remove
		 	Change
			□ Add
			□ Remove
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			Change
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			🗀 Remove
			□ Change

	_
(If an e <u>Note</u>	tive date, if other than the date of filing:
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the earlier on the earlier of the earlie
	d July 16 . 2019.
Date	
Date	Signature of a member or authorized representative of a member

Page 3 of 3

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