

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GUILLEN PUJOL CPAS
Account Number : I20240000045
Phone : (305)831-4093
Fax Number : (305)394-6501

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Email Address: JREYES@GUILLENPUJOL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MERIDIANA MFO, LLC

Certificate of Status	0
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M. SOLOMON
MAY 22 2024

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MERIDIANA MFO, 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:

Josephin Reyes

Name of Person

GUILLEN PUJOL CPA PA

Firm/Company

6161 Waterford District Dr. Suite 475

Address

Miami, FL 33126

City/State and Zip Code

jreyes@guillenpujol.com

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

For further information concerning this matter, please call:

NESTOR GUILLEN

at (305) 831-4093
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MERIDIANA MFO 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 09/26/2019 and assigned Florida document number L19000242849.

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)

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 TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

City, **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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALMANACS LLC	15645 Collins Ave Apt 204	<input type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	THREE PEAKS LLC	15645 Collins Ave Apt 204	<input type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ZAFIRE INVESTMENTS LTD	848 Brickell Ave. Ste 320	<input type="checkbox"/> Add
		Miami, FL 33149	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	RODBECK HOLDINGS S.A.	Calle 113 no.7-21 torre A of.810	<input type="checkbox"/> Add
		Bogotá, Colombia	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MARMER SAS.	Carrera 9A # 90-40 Apt.303	<input type="checkbox"/> Add
		Bogotá, Colombia 110221	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ANDREA MERCHAN	Carrera 9A # 90-40 Apt.303	<input type="checkbox"/> Add
		Bogotá, Colombia 110221	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

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

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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 "to be determined.")

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 May 21 2024

Signature of a member or authorized representative of a member

NESTOR GUILLEN
Typed or printed name of signer

Typed or printed name of signee

Filing Fee: \$25.00