# L19000277457

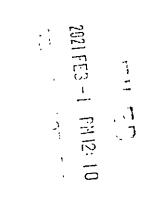
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### COVER LETTER

Registration Section Division of Corporations

	DORA SANTA MARTHA LL	C	Per ·
<u></u>	Name of Limi	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
se return all correspo	indence concerning this matter	to the following:	
	Greg Herrera		
		Name of Person	<del></del>
	Greg Herrera CPA		
	<del></del>	Firm/Company	
	4025 SW 96 Ave		
		Address	
	Miami, Fl. 33165		
	· ·	City/State and Zip Code	
	gregherreracpa@gmail.com		,
further information c	e-mail address: (i	to be used for future annual report not	ilication)
g Herrera		786 472-1933	
Name o	f Person	Area Code Daytin	ne Telephone Number
losed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROCESADORA SANTA MARTHA LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on  $\frac{11/06/2019}{1}$ and assigned ida document number \_ L19000277457 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: ncipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: iiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Zip Code Registered Agent's Signature, if changing Registered Agent: reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ig filed to merely reflect a change in the registered office address. I hereby confirm that the limited l $\mu$ bility 1ipany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>Name</u>	Address	Type of Action
Veronica M. Luquez Urbina	5955 NW 105 Ct. #727	1, pc 01 / ctil
		dd
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d specifies a delayed effectled.	rtive date, but not a	n effective time, a	12:01 a.m. on the ear	dier of: (b) The 90th day a	after the
January 29,		2021			
Dan		The ml			
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Typed or printed name of signee