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.

(((H220001818373)))



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

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Division of Corporations

Fax Number : (850)617-6383

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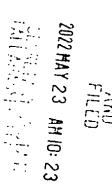
Account Name : PAUL SALVER, P.A. Account Number : I20020000087 : (954)389-1333 Phone Fax Number : (954)389-1397

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

Fmail	Address:		

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MULTICLUTCH ORIENTE LLC

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Help

## **COVER LETTER**

(((H22000181837 3)))

	egistration Se livision of Cor			
čijo ir Aa		UTCH ORIENTE LLC		
SUBJECT	ı: <u>-</u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		DANIELLA SANTANA		
			Name of Person	
		SALVER & COOK LLP		
			Firm/Company	
		2721 EXECUTIVE PARK	DRIVE, SUITE 4	
			Address	
		WESTON/ FLORIDA 333	31	
		<del></del>	City/State and Zip Code	<del></del>
		D.SANTANA@PSCCPAS.		
		E-mail address: (	to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please o	all:	
DANIELI	.a santana		954 3891333 _ at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	9 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	S60.00 Fifing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u> 1ailing Addres</u> Registration 1		Street Address: Registration Sec	etion
	Division of C		Division of Cor	
P	O. Box 632	27	The Centre of T	allahassee
Ţ	Callahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

(((H22000181837 3)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULTICLUTCH ORIENTE LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny 25 it now appears on our records.) iability Company)	**************************************
The Articles of Organization for this Limited Liability Company	were filed on November 22, 2019	and assigned
Florida document number £19000290257		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the ab	breviation "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 a	ddress on our records, enter the nam	e of the new registered
agent and/or the new registered office address here:	,	20
		122 <b>1</b>
Name of New Registered Agent:		11 PM
New Registered Office Address:		23 FA
····	Enter Florida street address	
	, Florida	
	City	Zlp'Code ···
New Registered Agent's Signature, if changing Registered Agent:		· ¨ ω
I hereby accept the appointment as registered agent and agre	ee to act in this capacity, I further ag	ree to comply with the

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

(((H22000181837 3)))
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>	Address	Type of Action
MGR	Cesar A.Goittes Rodriguez	2545 Executive Park Drive	旨Add
		Suite 329	□ Remove
		Weston, Fl 33331	
MGR	Mischell A. Goittes Rodriguez	2645 Executive Park Drive	■Add
		Suite 329	□Remove
		Weston, Fl 33331	□ Change
			□Add
			□Remove
	,		Change
			□Add
			□Remove
			□Change
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			[]Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□Remove
			□Change

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Effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing 1 Pursuant to 605.020.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as  comment's effective date on the Department of State's records.  Precord 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  dis filed.  Dated May 23  Signature of a member or authorized representative of a member  Cesar A Goines	fam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:		
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	)atc	d May 23 . 2022.
Cesar A Goittes		Signature of a member or authorized representative of a member
		Cesar A Goittes

Filing Fee: \$25.00