

6/1/22, 11:16 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2000020700

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.

(((H220001915573)))



H220001915573ABC%

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 : FOREIGN SOLUTION
Account Number : I20200000036
Phone : (786)599-4140
Fax Number : (954)827-2771

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

Email Address: LAZKA@FOREIGNSOLUTION.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SALTO MANAGEMENT LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 JUN -1 AM 11:59

2022 JUN -1 PM 2:39

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN - 1 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SALTO MANAGEMENT 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:

Name of Person

Foreign Solution 2.0 LLC

Firm/Company

7300 W McNab Road, Suite 220

Address

Tamarac FL 33321

City/State and Zip Code

Lazka@foreignsolution.com

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

For further information concerning this matter, please call:

Adolfo Gargiulo

784

234-8689

Name of Person

Area Code

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SALTO MANAGEMENT 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 1/14/2020 and assigned
Florida document number L20000020700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SALINAS PROPIEDADES LLC

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:

7300 W McNab Road, Suite 220

(Principal office address MUST BE A STREET ADDRESS)

Tamarac FL 33321

Enter new mailing address, if applicable:

7300 W McNab Road, Suite 220

(Mailing address MAY BE A POST OFFICE BOX)

Tamarac, FL 33321

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

APPROVED
AND
FILED
2022 JUN - PM 2:39

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>
MGR	Adolfo Gargiulo	7300 W McNab Road, Suite 220	<input type="checkbox"/> Add
		Tamarac FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Daniel A Ferreira Pedregon	7300 W McNab Road, Suite 220	<input checked="" type="checkbox"/> Add
		Tamarac FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Angela Lacava Bufante	7300 W McNab Road, Suite 220	<input checked="" type="checkbox"/> Add
		Tamarac FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ignacio A. Ferreira Lacava	7300 W McNab Road, Suite 220	<input checked="" type="checkbox"/> Add
		Tamarac FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Macarena Ferreira Lacava	7300 W McNab Road, Suite 220	<input checked="" type="checkbox"/> Add
		Tamarac FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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: 5/4/2022 (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 605.020? (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 _____

Signature of a member or authorized representative of a member

Daniel Ferreira Pedrigo

Typed or printed name of signee

Filing Fee: \$25.00