

5/4/22, 3:55 PM

Division of Corporations

L20000020705

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FOREIGN SOLUTION
Account Number : 120200000036
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
DURAZNO MANAGEMENT LLC**

Certificate of Status	0
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MAY -3 2022

M. SOLOMON

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DURAZNO 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 at (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

2022 MAY -4 PM 12:02

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DURAZNO 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 L20000020705

This amendment is submitted to amend the following:

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

HOLKATTES 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:

(Principal office address MUST BE A STREET ADDRESS)

7300 W McNab Road, Suite 220

Tamarac FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7300 W McNab Road, Suite 220

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

Florida

City

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>
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	Tobías F. Sosa Gomez	7300 W McNab Road, Suite 220	<input checked="" type="checkbox"/> Add
		Tamarac FL 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monica A. Gomez	7300 W McNab Road, Suite 220	<input checked="" type="checkbox"/> Add
		Tamarac FL 33321	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Dated

May 4, 2022

[Handwritten signature]

Signature of a member or authorized representative of a member

Tobias F. Sosa Gomez

Typed or printed name of signee

Filing Fee: \$25.00