

L20000030652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

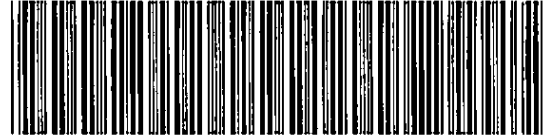
(Business Entity Name)

(Document Number)

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10/13/20--01009--019 **25.00

10/13/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: QUIMERA INTERNATIONAL 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:

MICHAEL HERNANDEZ PERERA

Name of Person

QUIMERA INTERNATIONAL LLC

Firm/Company

10690 SW 24 STREET

Address

MIAMI, FL 33165

City/State and Zip Code

michaelhernandezp@yahoo.com.mx

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

For further information concerning this matter, please call:

MICHAEL HERNANDEZ PERERA

at (01152) 55-1223-4117

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**

QUIMERA INTERNATIONAL LLC

10/11/2020

(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 01/31/2020 and assigned
Florida document number L20000030652.

This amendment is submitted to amend the following:

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

N/A

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)

66 WEST FLAGLER STREET

STE 900-1245

MIAMI, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

RICHARD HERNANDEZ PERERA

New Registered Office Address:

237 SW 13TH STREET APT 109

Enter Florida street address

MIAMI

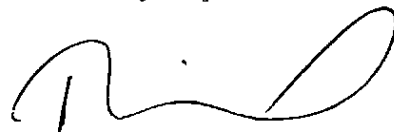
City

Florida 33130

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	MICHAEL HERNANDEZ PERER	FRESAS 102 INT 501	<input type="checkbox"/> Add
		COLONIA DEL VALLE	<input type="checkbox"/> Remove
		CDMX, CP 03100 MEXICO	<input checked="" type="checkbox"/> Change
AMBR	MICHEL RODRIGUEZ OROZCO	BOSQUE DE ALERCES 301-PH	<input type="checkbox"/> Add
		COL. BOSQUES DE LAS LOMAS	<input type="checkbox"/> Remove
		DELG. MIGUEL HIDALGO CDMX 11700 MEXICO	<input checked="" type="checkbox"/> Change
AMBR	DIANA RODRIGUEZ OROZCO	BOSQUE DE CAPILINES 36	<input type="checkbox"/> Add
		COL. BOSQUES DE LAS LOMAS	<input type="checkbox"/> Remove
		DELG. MIGUEL HIDALGO CDMX 11700 MEXICO	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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.)

AUTHORIZE MEMBERS PARTICIPATION AND DISTRIBUTION

AMBR-MICHAEL HERNANDEZ PERERA 33.3 %

AMBR- MICHEL RODRIGUEZ OROZCO 33.3 %

AMBR- DIANA RODRIGUEZ OROZCO 33.3 %

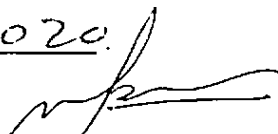
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (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 October, 6, 2020



Signature of a member or authorized representative of a member

MICHAEL HERNANDEZ PERERA

Typed or printed name of signer