1200000 44845

(Requestor's Name)	
(Address)	700353755
(Address)	700000700
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	10/26/2001022(
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	Ç.
12/16/20	

Office Use Only

5117

007 **25.00°

2020 DEC 16 AM 10: 13

12/17/20



3032 c 3 - 1 : 10: 00

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2020

MANUEL DE LA TORRE 5400 CORONADO PKWY APT C NAPLES, FL 34116

SUBJECT: MANUEL DE LA TORRE L.L.C.

Ref. Number: L20000044845

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 620A00024326

www.sunbiz.org

D' '-'-- CO------ DO DOV COOT Tollebasses Elected 2001

COVER LETTER

Registration Section

TO:

Division of Corp	orations		
SUBJECT:	PAUVEL Se Name of Limit	ed Liability Company	4.C_
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Manuel La Toure Name of Person			
Please return all correspor	idence concerning this matter to	o the following:	
	Maple	el de la TOA	CPL_
SUBJECT: Manual Actions of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Manual Action Action			
	5400	Orovado Pha Address	UY APT C
	Naples,	FL 34116	
	E-mail address: (t	lables to AUL.	COM
For further information co	oncerning this matter, please ca	di:	
MANUEL	l de la Tour	V at (239) 300	: Telephone Number
Enclosed is a check for th	ne following amount:		
	□ \$30,00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Registration : Division of C P.O. Box 632	Section Corporations 27	Registration Se Division of Co The Centre of T	porations Pallahasse c
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite of the

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF FILED

Manuel de la	Torp 1 2020 DEC 16 AH 10: 13
(Name of the Limited Liability Company (A Florida Limited Lia	Liability Company) ALVAITASSEZ, FI
The Articles of Organization for this Limited Liability Company w	were filed on $\frac{2/10/2020}{}$ and assigned
Florida document number <u>L200000 YY 845</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	oility company here:
The new name must be distinguishable and contain the words "Limited Liability	ility Company," the designation "LI.C" or the abbreviation "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 acagent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
	A .

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 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>	Name	<u>Address</u>	Type of Action
AMBE	Marvel de la	TOTLE 5400 CORONAGO PHUY	Add
		Apte	□Remove
		Apt C Naples, Fl 34116	□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□Add
			Remove
			□ Add
			□Remove
			□ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
	_
	
	_ _
	
Effective date, if other than the date of filing:	o 605.0207 (e listed as t
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ord is filed.	after the
Dated 12/11/2020	
Signature of a member or authorized representative of a member	
MANUEL de la Toirel Typed or printed name of signee	
