Florida Department of Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RC TAX SERVICE LLC

Account Number : I20140000083

Phone : (407)932-0040 Fax Number : (407)520-5473

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

Email	Address:	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES DECO KLIP H.E. LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

	egistration Sec vision of Corp			
CTID YEAR	INVERSIO:			
ZORJECI	:	Name of Limi	ted Liability Company	
,				· ·
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspor	ndence concerning this matter	to the following:	·
		HECTOR E BARRETO C.	AMPOS	
			Name of Person	
		INVERSIONES DECO KI	LIP H.E. LLC	
			Firm/Company	<u> </u>
		5723 BRESKYN DR		
			Address	
		ORLANDO, FL 32829		
			Ciry/State and Zip Code	
		E-mail address: (to be used for future annual report n	ptification)
For further	information c	onceming this matter, please c	all:	
HECTOR E BARRETO CAMPOS		407 690-6454		
	Name o	f Person	Area Code Days	ime Telephone Number
Enclosed i	s a check for th	ne following smount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R L P	failing Address Registration Solvision of Co. Box 632 Fallahassee, Solving Co.	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, J	Section forporations f Tallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES DECO KLIP H.E. LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	25 It now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 02/21/2020	and assigned
Florida document number L20000059173		
This amendment is submitted to amend the following:	orea. Patri	
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	ne 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 as agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registere

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

HECTOR E BARRETO CAMPOS

City

5723 BRESKYN DR

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 a success that produce is a long species of section and a single of such term to be by the proof of Name Address Charles in Type of Action Title 5723 BRESKYN DR MGR ORLANDO, FL 32839 Remove The state of the same of the first state of the state of ORIGINAL LESS INSTITUTE □Remove

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N.H.)	•	,		
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7	Signature o	f a member or authorize	d representative of	a member	
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Filing Fee: \$25.00 - 5