

## COVER LETTER

TO: Registration Section **Division of Corporations** INVERSIONES SAN ESTEFANO, LLC SUBJECT: 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: Xavier Viteri Name of Person Viteri Financial Corporation Firm/Company 6721 SW 69 TERRACE Address MIAMI, FL 33143 City/State and Zip Code XAVIER@VITERIFINANCIAL.COM E-mail address: (to be used for future annual report no -deation) For further information concerning this matter, please call: XAVIER VITERI

Enclosed is a check for the following amount:

Name of Person

🖼 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed) S60.00 Filing Fee, . Certificate of Status & Certified Copy (additional copy is encksed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Taliahassec, FL 32314

Street Address: Registration Section Division of Connorations The Centre of Tallahassee 2415 N. Monro Street, Suite 810 Tallahassee, FL32303

Daytin · Telephone Number

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

INVERSIONES SAN ESTEFANO, LLC	ıı.	•
(Name of the Limited Liability C. (A Florida Lin	ompany as it now appea it on our records.) itted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp	pany were filed on 03/12/2020	and assigned
Florida document number 1.20000080585		· ·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or th	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8120 SW 162nd ST	1,
(Principal office address MUST BE A STREET ADDRES:	Palmetto Bay, F., 33157	
	A Millotto Dilly, 1.7.35137	
Enter new mailing address, if applicable:	8120 SW 162nd GT	
(Mailing address MAY BE A POST OFFICE BOX)		202
	Palmetto Bay, Fig. 33157	
B. If amending the registered agent and/or registered off	See address on our repords anter the n	ame of the restrantetore
agent and/or the new registered office address here:	"	379
		(2)
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florier street address	
	. Florida	
<del></del>	City Florida	· Zip Coas

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

I hereby accept the appointment as registered agent and agree to act in this conacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of rep duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Ci-pter 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 Agers, Signature of New Registered Agent

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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

Name	Address	Type of Action
Juan F Labbe	8120.SW 162nd ST	<b>\(\sum_\) \(\sum_\)</b> Add
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ctive date, if other that effective date is listed, the details listed at inserted in timent's effective date on	unis diock does not	t meet the app	dicable statuto	rv hling require	ements, this dat	) g.) Pursuant to 605 e will not be liste
ord specifies a delayed e	ffective date, but n	ot an effectiv	e time, at 12:0	l a.m. on the ea	urlier of: (b) T	he 90th day after
filed.						
filed. October 16		2020	, 			
filed. October 16	ring and the second	2020				