Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC

Account Number : I20190000078 Phone : (561)341-1582 Fax Number : (561)264-6286

\*\*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 NUEVO MAPA LLC

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Corporate Filing Menu

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To: +18506176383

Registration Section

TO:

### **COVER LETTER**

Division of Cor	porations		
	NUE	VO MAPA LILC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
		Pablo E Goyenechea	
		Name of Person	
	Tu	Contador En Miami.com LLC	
		Firm/Company	
	60	1 Heritage Drive, Suite 461	
		Address	
		Jupiter, Florida 33458	
		City/State and Zip Code	
		pgoyenechea@yahoo.com to be used for future annual report no	obtication)
For further information of	concerning this matter, please of		,
Pablo E Go	yenechea	561 at ()	341-1582
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 63	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations Tallahassee
Tallahassee,	FL 32314	2415 N. Mont	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NU	EVO MAPA LLC		
(Name of the Limited Li (A F	ability Company as it now appears onda Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	ty Company were filed on	03/16/2020	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A.	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX  B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our re	cords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:  New Registered Office Address:			
	Enter Flori	da street address	
		, Florid <b>a</b> _	Zip Code
	City		гір Сосів

### 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	Address	Type of Action
MGR	Cortes Peñaranda, Judith Fernanda	221 W Hallandale Beach Blvd, Suite 312	<b>=</b> Add
		Hallandale Beach, Florida 33009	Remove
			[]Change
			□Remove
			☐Change
		DAdd	
		□Remove	
			Change
		□Remove	
			Change
		□Add	
		[]]Remove	
			[]Change
		DAdd	
			□Remove
			[]Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Please "ADD" Cortes Peñaranda, Judith Fernanda as MGR
-	
-	
-	
-	
-	
-	
-	
(If an el Note:	ive date, if other than the date of filing:
If the reco record is f	rd 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 iled.
Dated	Marcha Rivelo
	Signature of a member or authorized representative of a member
	MARCELA PARRADO GUERRERO - AMBR  Typed or printed name of signee