

To: +18506176383

Page: 2 of 5

2021/11/09 14:50:18 GMT

13053284774

From: Yanet Avila

11/9/21, 9:47 AM

Division of Corporations

L20000086013

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000414768 3)))



H210004147683ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIMONADA INTERNATIONAL SAWGRASS STORE LLC

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

NOV 10 2021

A. LUNT

2021 NOV -9 AM 10:12

ALLA WISE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIMONADA INTERNATIONAL SAWGRASS STORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
CLERK OF CIRCUIT COURT
JANUARY 9 AM 10:17
2021

The Articles of Organization for this Limited Liability Company were filed on 03/09/2020 and assigned
Florida document number L20000086013.

This amendment is submitted to amend the following:

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

LIMONADA INTERNATIONAL STORE #2, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
MGR	Paula Vaverde Norambucna	AV. JOSEMARIA ESCRIVA DE BALAGUER	<input type="checkbox"/> Add
		13.105 BARNECHEA, SANTIAGO, CHILE	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
CFO	Oswaldo Pacheco Useche	AV. JOSEMARIA ESCRIVA DE BALAGUER	<input type="checkbox"/> Add
		13.105 BARNECHEA, SANTIAGO, CHILE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Gonzalo Fanta Nazir	AV. JOSEMARIA ESCRIVA DE BALAGUER	<input checked="" type="checkbox"/> Add
		13.105 BARNECHEA, SANTIAGO, CHILE	<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
			<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.)

FILED
SECONDARY OF STATE
DIVISION OF CORPORATIONS
2023 NOV -9 AM 10:17

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 11-9, 2021

/s/ Paula Vaverde Norambuena

Signature of a member or authorized representative of a member

Paula Vaverde Norambuena

Typed or printed name of signee