

L20000 102159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

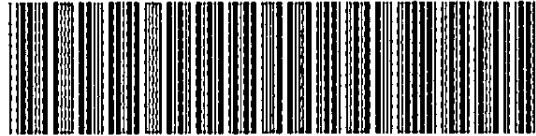
(Business Entity Name)

(Document Number)

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05/29/20--01002--002 **25.00

20 MAY 29 PM 4:00

JUN 17 2020
C. MCKINLEY

Registration Section
Division of Corporations

ECT: Fenix International Investments and Holdings LLC
Name of Limited Liability Company

20 MAY 29 PM 4:00

closed Articles of Amendment and fee(s) are submitted for filing.

return all correspondence concerning this matter to the following:

Jacqueline Horta
Name of Person
J Horta Accounting & Taxes Inc
Firm/Company
12905 SW 42 Street Suite 217
Address
Miami, FL 33175
City/State and Zip Code
jhortafl@bellsouth.net
E-mail address: (to be used for future annual report notification)

her information concerning this matter, please call:

Jacqueline Horta 305 387-2906
Name of Person at () Area Code Daytime Telephone Number

d is a check for the following amount:

.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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**TO
ARTICLES OF ORGANIZATION
OF**

Fenix International Investments and Holdings LLC

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

20 MAY 29 PM 4:00
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

Articles of Organization for this Limited Liability Company were filed on 04/13/2020 and assigned
document number L20000102159.

amendment is submitted to amend the following:

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

New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

If new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

If new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

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

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

removing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
 removed from our records:

R = Manager

BR = Authorized Member

[illegible]

amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: 05/18/2020 (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.

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 document is filed.

Filed

5/20/2020

Signature of a member or authorized representative of a member

Jose Rafael Castro Perez

Typed or printed name of signee

Filing Fee: \$25.00