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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

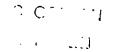
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2029 PT 13 PH 3: 15



COVER LETTER

TO:

Registration Section
Division of Corporations

	DE ALOE VERA COLOMBIA	A SAS LLC		
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	JAVIER A ECHEVERRI	L		
		Name of Person	·	
	CRISTAL DE ALOE VEI	RA COLOMBIA SAS LLC		
		Firm/Company		
	1814 N J TERRACE			
		Address		
	LAKE WORTH, FL 3346	0		
		City/State and Zip Code		
	ALEJOGARCIA@HOTM	AIL.COM to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c		canony	
JAVIER A ECHEVERRI L		954 208-0209 at()		
Name of Person		Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion	
Division of Corporations P.O. Box 6327		Division of Corp	Division of Corporations The Centre of Tallahassee	
Tallahassee,			Illanassee Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



239911113 PH 3: 15

CRISTAL DE ALOE VERA COLOMBIA SAS LLC

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

The Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
Florida document number L20000110353		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	P. Division 14	
	Enter Florida street address	
	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agen		24) S.M.
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	— gree to act in this capacity. I fur, te performance of my duties, and s provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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>	Type of Action
MGR	JAVIER A ECHEVERRI L	1814 N J TERRACE	= Add
		LAKE WORTH, FL 33460	□Remove
			Change
MGR	JUANITA MEJIA	1814 N J TERRACE	□Add
		LAKE WORTH, FL 33460	= Remove
			☐ Change
			□Add
		 	□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00