

L20000114483

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WALK IN

PICK UP: 07/30/2020

- ☐ **CERTIFIED COPY** _____
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- xx** **FILING** LLC / AMENDMENT _____

1. **CORTE ARGENTINO USA, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

PLEASE REMOVE COVER SHEET BEFORE SCANNING

TO: Registration Section
Division of Corporations

SUBJECT: CORTE ARGENTINO USA, LLC

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:

Irina Roth Neumann, Esq.

Name of Person

Roth Private Advising Law

Firm/Company

78 SW 7th Street Suite 500

Address

Miami, FL 33130

City/State and Zip Code

irina@rothpalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Irina Roth Neumann, Esq.

305

798-8878

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023.08.30 AM 11

CORTE ARGENTINO USA, 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 Company were filed on 04/29/2020 and a
Florida document number L20000114483.

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 Liability Company," the designation "LLC" or the abbreviation "

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

21402 W Dixie Hwy
Aventura, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

21402 W Dixie Hwy
Aventura, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the
agent and/or the new registered office address here:

Name of New Registered Agent:

Eyal Kaplan

New Registered Office Address:

21402 W Dixie Hwy

Enter Florida street address

Aventura

City

Florida

331

Zip Co

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 all 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	EIAL KAPLUN	20152 NE 19TH PL MIAMI	<input type="checkbox"/> Add
		FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EIAL KAPLUN	20152 NE 19TH PL MIAMI	<input checked="" type="checkbox"/> Add
		FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIANO ALVAREZ	THE REGENT 41C, COSTA DEL ESTE.	<input checked="" type="checkbox"/> Add
		PANAMA CITY, PANAMA	<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.)

[illegible]

F. 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)(f)

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 July 22, 2020

Signature of a member or authorized representative of a member

Eial Kaplan

Typed or printed name of signee

Filing Fee: \$25.00