K20 000 114611

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600389427146

06/17/22--01011--001 **250.00

2022 JUN 17 AM 9: 06

SEP - 7 2022

S. PRATHE

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Of or of Limit	Idings LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Mani	Ca. Montlevo	
	Ctoro	Holdings LLC	-
		ambra Circle,	
	Ceral Go	ibles, FC 32	134
	M OM ON	City/State and Zip Code Hero a banesco. Co to be used for future annual report noti	Com
For further information of	concerning this matter, please ca		Tellion,
		at (305), 742	2270
Name e	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 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

	ability Company as It now appears on our recording Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L 2000 11 46</u> . This amendment is submitted to amend the following	11	
A. If amending name, enter the new name of the		ν σ
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		· .
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>ente</u> :-	r the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida street addre	?3 <i>S</i>
_		lorida
	Сііу	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 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>	Address	Type of Action
MGR	Carlos Alberto Escotet	450 Como Avenue)
		Usra Cables FL 33146	P □Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

		. 				
						
•						
·						
						
					···-	
						.
n effective te: If th	date, if other than the da we date is listed, the date must be the date inserted in this block	specific and cannot be does not meet the	applicable statutor	ig or more than 90 da	_(optional) ays after filing.) Pursonts, this date will n	ant to 605.0207 (3)(b ot be listed as the
cument's	's effective date on the Depa	ertinent of State's re	ecords.			
ecord spe is filed.	ecifies a delayed effective d	ate, but not an effec	ctive time, at 12:01	a.m. on the earlie	r of: (b) The 90th	day after the
ted	June 3	. 20	22.			2022
ıcu		NICAN	l			JUA
.cu		بالاسلام المرا	P			
	Sig	gnature of a member	or authorized represen	ntative of a member		2022 JUNIT AH 9:

 $\epsilon_{i_1, i_2, \dots, i_{n-1}}$

Filing Fee: \$25.00