L2000022539Z

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ddress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nam | e) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | N0\$ |

Office Use Only



600350383596

11/20/20--01001--006 **25.00



NOV 19 2020 M. SOLOMON

JHS Consulting Group, Corp.

JHS Consulting Tax & Accounting Services

7310 Casitas CT Tampa FL 33634

2020 57 110 7117

813 534 3818

| Regards: |
|--|
| To whom it May concern. |
| By this means I want to request the change of name of the LLC TIERRA DEL FUEGO LLC L20000225392, which was activated on 1/8/2020, since when I request the EIN the IRS informs me that they already have that name in the State system of the Florida. For this reason, in order to receive the EIN, we had to add Tierra del Fuego Argentina LLC to the name. |
| I request that if I can honor the change of name without any additional cost, so that I can check the EIN. |
| I have attached a copy of the LLC name change request and in addition the requested EIN, I would appreciate your help in this regard. |
| Thank you |
| |
| Jose H Santos Rivera |
| Accountant |

COVER LETTER

| TO: Registration Division of C | | | | | |
|--|---|---|---|------------------------------------|---|
| | DEL FUEGO LLC | | | | |
| SUBJECT: | Name of Lin | nited Liability Company | <u></u> | | |
| The enclosed Articles of | of Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all corres | pondence concerning this matter | to the following: | | | |
| | DIEGO H LANCI | | | | |
| | | Name of Person | | | |
| | TIERRA DEL FUEGO A | RGENTINA LLC | | | |
| | | Firm/Company | | | |
| | 5522 7TH ST | | | | |
| | | Address | | :- 126 ::: 72 | |
| | ZEPHRYRHILLS, FL 33. | 542 | | 2021 NOV 19 PM 3: | |
| | | City/State and Zip Code | | ည်း (၅) ၂၈ | |
| | LANCIDIEGO@gmail.co | | | ्र ^{्ष} डे २२ ५ | ! |
| | | (to be used for future annual report notific | cation) | ်း မ | |
| For further information | concerning this matter, please of | rall: | | | |
| DIEGO H LANCI | | 813 at () 735 - 3 | 1786 | | |
| Name | of Person | | Telephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing F Certificate of S Certified Copy (additional copy is | Status & | |
| <u>Mailing Addr</u> Registration Division of | | Street Address: Registration Sect Division of Corp | | | |

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TIERRA DEL FUEGO ARGENTIN | | | | |
|--|---|--|--------------------|---------------|
| (Name of the Limit | ed Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Li Florida document number L20000225392 | ability Company | were filed on 07/29/2020 | and assig | gned |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of The new name must be distinguishable and contain the wo | | <u>.</u> | abbreviation "[] | <u></u> |
| Enter new principal offices address, if applica | | 5522 7TH ST | aboreviation 13.15 | |
| (Principal office address MUST BE A STREE | | | 7. | 2829 |
| | | ZEPHYRHILLS FL 33542 | | Z |
| Enter new mailing address, if applicable: | | 5522 7TH ST | | ر ا و ا |
| (Mailing address MAY BE A POST OFFICE I | <u>BOX)</u> | | 2.50 | |
| | | ZEPHYRHILLS FL 33542 | | ر در ا |
| B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: New Registered Office Address: | egistered office s here: JOSE H SANT 7310 CASITA | OS RIVERA | me of the new | registere |
| The state of the s | | Enter Florida street address | | |

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.

City

TAMPA

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> | Address | Type of Action |
|--------------|------------------|-------------------------|---|
| MGR | LANCI, DIEGO H | 3020 CLEARVIEW DR | ≣ Add |
| | | WESLEY CHAPEL, FL 33545 | □Remove |
| | | | Change |
| MGR | GUASTELLA, LAURA | 3020 CLEARVIEW DR | \ Add |
| | | WESLEY CHAPEL, FL 33545 | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | Remære NOV |
| | | | □Addes Control Contro |
| | | | □ Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |

Typed or printed name of signee



October 21, 2020

DIEGO H LANCI TIERRA DEL FUEGO ARGENTINA LLC 5522 7TH ST ZEPHRYRHILLS, FL 33542

SUBJECT: TIERRA DEL FUEGO LLC

Ref. Number: L20000225392

We have received your document for TIERRA DEL FUEGO LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

We have received your document for TIERRA DEL FUEGO LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

List the current name on First Line of the amendment form. List the new name on line A on the form.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator
Letter Number: 520A00020905

RECEIVED NOV 1 1 2020