120000297776

(Re	equestor's Name)		
(Ad	ddress)		
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(Ci	ty/State/Zip/Phone	= #)	
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(Document Number)			
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Groupo Translacor I	nversiones, LI	LC		
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			-	
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
0'				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH				UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In		·		Courier

COVER LETTER

	gistration Secti vision of Corpo				
	groupo traslac	or inversiones, Ilc			
SUBJECT:		Name of Limit	ed Liability Company		
The enclosed	d Articles of Ar	nendment and fee(s) are subm	itted for filing.		
Please returi	all correspond	ence concerning this matter to	the following:		
		jessica molina			
			Name of Person		
		tiber services, Ilc			
			Firm/Company		
		2434 hollywood bivd 2nd fl			
			Address	······································	
		hollywood, il 33020			
			City/State and Zip Code		
		elients@tiberservices.com			
			be used for future annual re	eport notification)	
For further i	information con	cerning this matter, please cal	II:		
jessica mol	ina			4051	
	Name of I	Person	Area Code	Daytime Telephone N	lumber
Enclosed is	a check for the	following amount:			
S25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Ce sed) Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

groupo traslacor inversiones, Ilc		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Con Florida document number L20000297776	npany were filed on 9/30/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
GRUPO TRASLACOR INVERSIONES, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	2070
		0
Enter new mailing address, if applicable:		ري.
(Mailing address MAY BE A POST OFFICE BOX)	 -	
(Maning anaress MAT BE A FOST OF FICE BOX)		င္ပ
	· · · · · · · · · · · · · · · · · · ·	3
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ecords, enter the name of the new
Name of New Registered Agent:		
N		
New Registered Office Address:	Enter Florida strvei	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>Ngent:</u>	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	aplete performance of my dut nt as provided for in Chapter	ies, and I am familiar with and 605, 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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T 1 2741	9/30/2020 (ontional)	
(II an el <u>Note:</u>	tive date, if other than the date of filing: (optional) (feetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Por a lift the date inserted in this block does not meet the applicable statutory filing requirements, this date with nent's effective date on the Department of State's records.	rrsuant to 605.0207 (3) Il not be listed as the
the re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the earlier of:
Datec	1	
	Signature of a member or authorized representative of a member	
	ingination a member of authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00