

L2C 000 370 032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

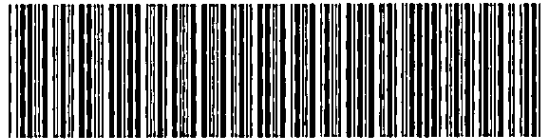
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

YS
1/24/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3K Inversiones EEEUU, 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:

Paola Cardenas

Name of Person

Tax Care Orlando

Firm/Company

12701 S John Young Pkwy Ste 216

Address

Orlando, FL 32837

City/State and Zip Code

taxcareorlando@taxcareinc.com

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

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STATE
OFFICE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Paola Cardenas

Name of Person

at (321)

Area Code

284 9341

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

3K Inversiones EEUU, LLC

If Changing Registered Agent, Signature of New Registered Agent

4 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> | <u>Type of Action</u> |
|--------------|-------------------------|-----------------------|--|
| MGRM | Pablo Ackermann Escobar | 13375 Gorgona Isle Dr | <input type="checkbox"/> Add |
| | | Windermere, FL 34786 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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STATE OF FLORIDA

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CLERK OF DISTRICT COURT
STATE OF NEW YORK

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CLERK OF DISTRICT COURT
STATE OF TEXAS

(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)(b)

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 December 07, 2020

JAIME PEREZ
Signature of a member or authorized representative of a member

Jaime Pedreros

Typed or printed name of signee