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07/20/21--01014--015 **25.00

7/5/21



COVER LETTER

TO: Registration Division of C			
TINTO			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	JOAQUIN MARIA LAVI	AGUERRE	
		Name of Person	
		Firm/Company	
	3135NE 184TH ST UNIT	2201	
		Address	
	AVENTURA, FL, 33160		
		City/State and Zip Code	 115
	JOAQUINLAVIAGUERRE	_	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please ca	all:	
JOAQUIN MARIA L	AVIAGUERRE	573 2314223 at ()	
Nam	e of Person	Area Code Daytime Telephone N	Vumber
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)
Mailing Add		Street Address:	
Registration of	n Section Corporations	Registration Section Division of Corporations	
P.O. Box 6		The Centre of Tallahassee	:

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINTO GROUP		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L21000123222	y were filed on 03/16/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ne name of the new registe
Name of New Registered Agent:	·	
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	City	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>	<u>Address</u>	Type of Action
MGR	JOAQUIN M. LAVIAGUERRE	3135NE 184TH UNIT 2201	
		AVENTURA, FL, 33160	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR	RODOLFO URIBURU	3135NE 184TH UNIT 2201	
		AVENTURA, FL, 33160	
			□Change
AMBR	PAULA CORRARO	3135NE 184TH UNIT 2201	
		AVENTURA, FL, 33160	■Remove
			□Change
			□ Remove
			□ Change
			□Add
			□Remove
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ective date, if other than the date effective date is listed, the date must be specified in this block dominent's effective date on the Department.	pecific and cannot be oes not meet the ap	pplicable statutory	g or more than 90 day		
cord specifies a delayed effective date filed.	e, but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
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	ature of a member or	authorized represen	ntative of a member		· · · · · · · · · · · · · · · · · · ·