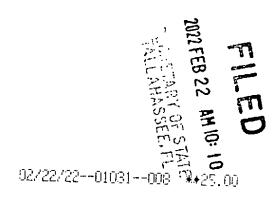
L21000165262

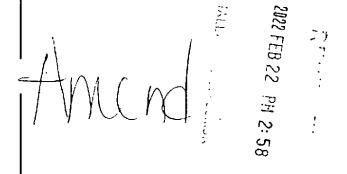
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(City/State/zip/Prione #)
PICK-UP	WAIT MAHL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:





100382280101





FEB 2,3 1022 I ALBRITTON

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062...• Fax (850) 222-1222

NEGOCIOS DEL SO	DL LLC	
		Art of Inc. File
		UTD 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
Signature	***	Fictitious Owner Search
•		Vehicle Search
		Driving Record
Requested by: SETH	02/22/22	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Hailie	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

Division of Co.			
NEGOCIC SUBJECT:	OS EL SOL LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The analoged Assistance	· Ad	tasd Co 6715	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL BARRERA		
		Name of Person	
	DIEGO L. RESTREPO P.	A.	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2600 SOUTH DOUGLAS	ROAD, SUITE 913	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	RAFAEL@RESTREPOLA		
		to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
RAFAEL BARRERA		305 447-9430	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

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

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ANI	ICLES OF O	KGANIZATION	٠
	0	F	ar records.) 14 and assigned
NEGOCIOS EL SOL LLC			
	ited Liability Compa	ny as it now appears on ou liability (company)	or records.)
	(A Florida Limited I	.iability (Company)	7
e Articles of Organization for this Limited I	Liability Company	were filed on 01/02/20	and assigned
orida document number L21000165262	•		10 mg 10
			CT.
is amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited liab	ility company here:	
/A			
new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		2600 South Douglas R	toad Suite 913
		Coral Gables FL 3313	4
The second secon	<u> </u>		
			
nter new mailing address, if applicable:		2600 South Douglas R	toad Suite 913
	י אמעי	Coral Gables FL 3313	4
failing address MAY BE A POST OFFICE	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·
If amending the registered agent and	Var registered of	Ties address on our	records enter the name of the new
vistered agent and/or the new registered o			teering the name of the new
Name of New Registered Agent:	INTERNATIO	NAL CORPORATE SER	RVICE INC
	2600 South Do	uglas Road Suite 913	
AT D 1 . 1000 411	2000 Doum Do	-p 110m2 30m2 715	
New Registered Office Address:		Enter Florida stre	eet address
New Registered Office Address:	Coral Gables	Enter Florida stre	eet address, Florida 33134

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 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	INTERNATIONAL ADVISORS SERVICE, LLC	2600 SOUTH DOUGLAS ROAD, SUITE 913	= Add
		CORAL GABLES, FL 33134	_
			Remove
		,	Change
MGR CARLOS S. FERNANDEZ JARAMILLO		2330 PONCE DE LEON BLVD	Add
		CORAL GABLES, FL 33134	
			■ Remove
			☐ Change
MGR	CARLOS E. FERNANDEZ JARAMILLO	2330 PONCE DE LEON BLVD	
		CORAL GABLES, FL 33134	
		_,	Remove
			☐ Change
			🗖 Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change

(If an o	ctive date, if other than the date of filing:
If the r (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the earlie
Date	d February, 22

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00