

21000022432

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : IGNACIO LUCANO
Account Number : I20210000095
Phone : (786)303-3769
Fax Number : (786)305-7612

2021 AUG 27 AM 11:54
FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EL PATAGONICO LLC

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$25.00

2021 AUG 27 AM 10:23
STATE OF FLORIDA
TALLAHASSEE

20/30/20



August 10, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EL PATAGONICO LLC
12235 SW 128TH ST
STE 201
MIAMI, FL 33186US

SUBJECT: EL PATAGONICO LLC
REF: L21000222432

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000299743
Letter Number: 121A00018902

TO: Registration Section
Division of Corporations
EL PATAGONICO LLC

SUBJECT: _____
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:

IGNACIO DANIEL LUCANOO

Name of Person

EL PATAGONICO LLC

Firm/Company

12235 SW 128th ST, STE 201

Address

MIAMI, FL, 33187

City/State and Zip Code

ilucano@gmail.com

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

For further information concerning this matter, please call:

IGNACIO DANIEL LUCANOO

786

303-3769

at (_____) _____

Name of Person

Area Code

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

**TO
ARTICLES OF ORGANIZATION
OF**

EL PATAGONICO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 13, 2021 and assigned
Florida document number L21000222432.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records.

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sebastian Ribes	20864 NE 32nd Ave	<input checked="" type="checkbox"/> Add
		MIAMI, FL	<input type="checkbox"/> Remove
		33180	<input type="checkbox"/> Change
MGR	Consuelo del Castillo	1901 Brickel AVE, APT B408	<input checked="" type="checkbox"/> Add
		MIAMI, FL	<input type="checkbox"/> Remove
		33129	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 AUG 27 AM 11:54
7/11/21

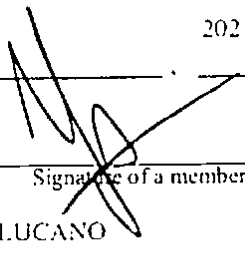
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

August 10, 2021
Dated _____



Signature of a member or authorized representative of a member

IGNACIO DANIEL LUCANO

Typed or printed name of signee