

121 000264201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

•

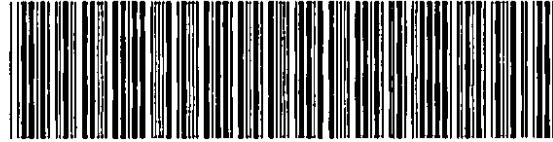
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100394557601

09/19/22--01012--015 ++25.00

FILED

2022 SEP 19 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELEVADORES SUDAMERICANOS 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:

ALONSO E. ESCALANTE MALONE

Name of Person

Firm/Company

2500 NW 79TH AVE SUITE 121

Address

MIAMI, FL 33122

City/State and Zip Code

karivanesa38@gmail.com

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

For further information concerning this matter, please call:

ALONSO E. ESCALANTE MALONE at (786) 296-5004
Name of Person Area Code Daytime Telephone Number

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 SEP 19 PM 3:42

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELEVADORES SUDAMERICANOS 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 06/07/2021

Florida document number L21000264201

This amendment is submitted to amend the following:

FILED
2022 SEP 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

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

2801 NW 74TH AVE SUITE 213

MIAMI, FL 33122

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

2801 NW 74TH AVE SUITE 213

MIAMI, FL 33122

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:

FRANCO CERDENA TRISANO

New Registered Office Address:

2801 NW 74TH AVE SUITE 213

Enter Florida street address

MIAMI

City

Florida

33122

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

of 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 SEP 19 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

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

FILED
2022 SEP 19 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FL

2. 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.

Dated MIAMI, SEPTIEMBRE 13, 2022



Signature of a member or authorized representative of a member

ALONSO E. ESCALANTE MALONE

Typed or printed name of signee