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FAUSTINA DREAM LLC

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DocuSign Envelope ID: C6427F4D-0B81-42F2-BD0F-36AF527A4612 COVER LETTER TO: **Registration Section Division of Corporations** SUBJECT: FAUSTINA DREAM LLC, a Florida Limited Liability Company 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: Jonathan Leder Name of Person Jonathan Leder, PLLC Firn/Company 1717 N Bayshore Drive, Suite 215 Address Miami, FL 33132 City/State and Zip Code closings@magicttile.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (305) 514-0622 Area Code Daytime Telephone Number Jonathan Leder Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & № \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Part of the state of the state

FAUSTINA DREAM LLC, a Florida Limited Liability Company

(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 Compa	any were filed on	06/08/2021	and assigned	
Florida document number <u>L21000265978</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited I	liability company	here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," th	e 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 offi agent and/or the new registered office address here:	ce address on ou	r records, <u>enter t</u>	he name of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	•		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance as provided for ir	of my duties, and Chapter 605, F	d I am familiar with and S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: C6427F4D-0B81-42F2-BD0F-36AF527A4612 If amending Authorized rerson(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	Alvaro Pisano Miranda	Camino de Las Hojas 12142	[NAdd
		Las Condes – zip code 7610425	□Remove
		Santiago – Chile	Bremove
			□Change
			□Add
			□Remove
			□Change
			□A₫d
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ective date, if other than the effective date is listed, the date in this little. If the date inserted in this littlement's effective date on the	ust be specific and cannot be pr block does not meet the app	ior to date of filing or me licable statutory filing	ore than 90 days after fili	ing.) Pursuant to 605.020
ecord specifies a delayed effect is filed.	ive date, but not an effective	e time, at 12:01 a.m. (in the earlier of: (b)	The 90th day after the
ted October 6	2022 Daniela Oliva			
	D / A/			
	I I/AIAIFIA /99 NAA			

Filing Fee: \$25.00