## L21000282954

(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 5.4 C.

07/28/20



900369287879

07/09/21--01016--018 \*\*25.00

1 1-9 A 11:24

## **COVER LETTER**

TO:

The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Adrian Figueroa  Name of Person  ARMAF1 International. Inc  Firm/Company  2030 S Douglas Rd. Apt 617  Address  Coral Gables, Fl. 33134  City/State and Zip Code  All@MFL.myworkplace.co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Name of Person  See Certificate of Status  Certificate of Status  Area Code  Certificate of Status  Certificate of Status  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Center of Tallahlassee	TO: Registration S Division of Co				
Name of Limited Liability Company    Please return all correspondence concerning this matter to the following:   Adrian Figueroa		RNES USA, LLC			
Adrian Figueroa  ARMAFI International. Inc  Firm/Company  2030 S Douglas Rd. Apt 617  Address  Coral Gables, Fl. 33134  City/State and Zip Code  All@MFL myworkplace.co  E-mail address: to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Area Code  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations	SUBJECT:	Name of Lim	ited Liability Company		
Adrian Figueroa    Name of Person	The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
ARMAFI International, Inc  Firm/Company  2030 S Douglas Rd. Apt 617  Address  Coral Gables, Fl. 33134  City/State and Zip Code  All@MFL.myworkplace.co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Area Code  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\frac{1}{2}\$ \$25.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailling Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations	Please return all corresp	ondence concerning this matter	to the following:		
ARMAFI International. Inc  Firm/Company  2030 S Douglas Rd. Apt 617  Address  Coral Gables. Fl. 33134  City/State and Zip Code  All@AfFL.myworkplace.co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Name of Person  S255.00 Filing Fee & Certificate of Status  Certificate of Status  Certificate Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Registration Section  Division of Corporations		Adrian Figueroa			
Firm/Company  2030 S Douglas Rd. Apt 617  Address  Coral Gables, FL 33134  City/State and Zip Code  AH@MFL.myworkplace.co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Street Address:  Registration Section Division of Corporations			Name of Person		
Address  Coral Gables, Fl. 33134  City/State and Zip Code All@MFL.myworkplace.co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Street Address: Registration Section Division of Corporations  Division of Corporations		ARMAFI International, In-	с		
Address    Coral Gables, F1, 33134			Firm/Company		
Coral Gables, Ft. 33134  City/State and Zip Code  All@MFL.myworkplace.co  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Certificate of Status  Certificate of Status  Certificate of Status  Certificate Opy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Street Address:  Registration Section  Division of Corporations		2030 S Douglas Rd. Apt 6	17		
City/State and Zip Code  AH@MFL.myworkplace.co  Fi-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Securificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  Division of Corporations			Address		
All@MFL.myworkplace.co    F-mail address: (to be used for future annual report notification)		Coral Gables, FL 33134			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Adrian Figueroa  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Securificate of Status  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section Division of Corporations  E-mail address: (to be used for future annual report notification)  305  546-3860  Area Code  Daytime Telephone Number  Section Section Filing Fee & Section Section  Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)			City/State and Zip Code	<del>-</del>	
Adrian Figueroa  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Securificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  Registration Section  Division of Corporations		· · · · · · · · · · · · · · · · · · ·		<del></del>	
Adrian Figueroa    Solution   Summer   Section   Solution   Section   Section   Section   Section   Division of Corporations   Section   Signature   Section   Signature   Section   Section   Signature   Section   Signature   Section   Section   Signature   Section   Section   Signature   Section   Section   Section   Signature   Section   Section   Signature   Section   Section   Signature   Section   Section   Section   Signature   Section   Section			·	otification)	
Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address: Registration Section Division of Corporations  Area Code  Daytime Telephone Number  S60.00 Filing Fee & S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	For further information	concerning this matter, please co	all:	<.	45
Name of Person  Area Code  Daytime Telephone Number  Lack For the following amount:  Senciosed is a check for the following a	Adrian Figueroa		A CONTRACTOR OF THE CONTRACTOR	,	<b>(3)</b>
Enclosed is a check for the following amount:  \$\begin{array}{c c c c c c c c c c c c c c c c c c c	Name	of Person	Area Code Day	time Telephone Number	••
Enclosed is a check for the following amount:  \$\begin{array}{c c c c c c c c c c c c c c c c c c c				i.	i -
■ \$25.00 Filing Fee	Enclosed is a check for	the following amount:			:1
Registration Section Registration Section Division of Corporations Division of Corporations	■ \$25.00 Filing Fee	<del>-</del>	Certified Copy	☐ \$60.00 Filing £cc. Certificate of \$tatus Certified Copy	
Division of Corporations Division of Corporations					
P.O. Box 6327 The Centre of Tallahassee	Division of O	Corporations	Division of C	Corporations	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TODO CARNES USA, LLC		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on June 17, 2021	and assigned
Florida document number 1.21000282954		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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)	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic	ce address on our records, enter the	
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		24
New Registered Office Address.	Enter Florida street address	
	, Floric	da
	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>	Name	Address	Type of Action
AMBR	Rangel de Armas, Yuraima del R	5955 NW 105th Ct, Apt 303	□ Add
		Dorat, FL 33178	=Remove
			□Change
AMBR	Beatriz Diaz Garcia	5955 NW 105th Ct, Apt 303	<b>=</b> Add
		Doral, FL 33178	□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
		<del></del>	□ Change
			□Add
		<del>.</del>	□Remove
			□Change
			□Add
			Remove

					_
				<u> </u>	_
<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del>	_
					_
•	<u>.</u>				
				<u> </u>	_
					-
					_
-					_
-					_
			<del>-</del>		_
		<u>.</u>			
			<b>V</b> ,		- QD
<u> </u>	, <u> </u>			<u>r.</u>	- <i>UD</i>
-			<u> </u>	i -	
<del></del>					<b>→</b> -
				> 1	]
		1.1. ( 202)		= -	J
fan effective date is listed <b>Vote:</b> If the date inser	er than the date of filing I, the date must be specific and ted in this block does not re ate on the Department of S	d cannot be prior to date of filin neet the applicable statutory	g or more than 90 days after filir y filing requirements, this da	l) ig.) Pursuant to 60 te will not be lis	05,0207 sted as t
ocument s effective o	are on the Expariment of S	nace s records.			
record specifies a dele d is filed.	ayed effective date, but not	an effective time, at 12:01	a.m. on the earlier of: (b)	fhe 90th day afi	ter the
Dated July 6		. 2021			
		1 V / h			

Typed or printed name of signee