Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A. GARCIA & CO., P.A.

Account Number : 120000000094 Phone : (305)273-6525 Fax Number : (305)273-6564

**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

LA FABRICAW, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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S. PRATHER

Electronic Filing Menu Corporate Filing Menu

Help

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Nov. 9. 2021 4:08PM

AGarcia, TICLES OF AMENDMENT TO

((([[12,10004111443)))

ARTICLES OF ORGANIZATION OF

| LA FABRICAW, LLC | | | 2021 NOV | |
|--|-----------------------------------|------------------------------------|--------------------|----------|
| | ted Liability Company as it now | appears on our records.) | - E | .17 |
| | (A Florida Limited Liability Com | pany) | 938EE -9 | <u> </u> |
| The Articles of Organization for this Limited L | iability Company were filed | on 07/06/2021 | and assigned | \Box |
| Florida document number L21000313620 | · | | I: 2 | |
| This amendment is submitted to amend the foll- | owing: | | A A | |
| A. If amending name, enter the new name o | f the limited liability compa | ny here: | | |
| | | | | _ |
| The new name must be distinguishable and contain the v | vords "Limited Liability Company, | " the designation "LLC" or the abb | reviation "L.L.C." | |
| Enter new principal offices address, if applic | able: | | . <u> </u> | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | _ |
| | | | | _ |
| | | | | |
| Enter new mailing address, if applicable: | | | | _ |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | · | _ |
| | | | | _ |
| B. If amending the registered agent and/or ragent and/or the new registered office addre | | our records, enter the name | of the new regist | tered |
| Name of New Registered Agent: | AMADO GARCIA | | | _ |
| New Registered Office Address: | 11440 N. KENDALL DR S | UITE 401 | | |
| - | Ent | er Florida street address | | |
| | MIAMI | , Florida <u>331</u> | 86 | _ |
| | 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

If anNov. 9. 2021ri 4:08PMon(s) AGarciaed to manage, enter the title, name, and address oNo. 4041,rsoi^F. 4ing added or removed from our records:

(((H210004111443)))

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------------|---------------------------------------|----------------|
| AMBER | TELLO-BARRERA, JUAN F. | 10515 SW 136 CT | ■ Add |
| | | MIAMI, FL 33186 | □Remove |
| | | | □Change |
| AMBER | DAVILA-PINTO, JOHANNA M | 10515 SW 136 CT | Degange |
| | | MIAMI, FL 33186 | Remove |
| | | · · · · · · · · · · · · · · · · · · · | Change |
| AMBER | FIORELLA, JOHANNA M | | □ Add |
| | | | Remove |
| | | | ☐ Change |
| AMBER | BARRERA, JUAN F | | |
| | | | ■ Remove |
| | | | ☐ Change |
| AMBER | LA FABRICAW SAS | | □Add |
| | | | ■ Remove |
| | | | □ Change |
| AMBER | LA FABRICAW SAC | AV JOSE PARDO 182 OFICINA 602 | = Add |
| | | MIRAFLORES, LIMA PERU 15074 | □Remove |
| | • | | Change |

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| an effective date is li lote: If the date in | other than the date of fili sted, the date must be specific a serted in this block does not | nd cannot be pri i meet the app | licable statutory | or more than 90 da | | |
| record specifies a | e date on the Department of delayed effective date, but n | | | .m. on the earlie | r of: (b) The 90 |)th day after the |
| l is filed. | | | سر | | | |
| ated | November 5, | 2021 | _(| P) | | SECRETARY L SECRETARY L ALLAHASSEE |
| | | | | | | OV - ASS |
| | Signature of | a member or su | thorized represent | ative of a member | | <u>——∰=</u> < 6 |
| | Signature of | a michioci oi au | atorinos represent | | | PH UF S FL |

Filing Fee: \$25.00