L21000319276

	(Requestor's Name)	
-	(Address)	
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	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(======================================	
	(Document Number)	
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Special Instructions to	Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Larbolarada LLC				
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				A markley File
		·	 	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In Phonous Printing + Thom lavine GA	Will Pick Up			Courier

COVER LETTER

TO: Registration So Division of Cor			
	NRADA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUISA ELENA CUADRA	ADO	
		Name of Person	
	DIEGO L. RESTREPO, P	.A.	
		Firm/Company	
	2600 SOUTH DOUGLAS	ROAD, SUITE 913	
		Address	
	CORAL GABLES, FLOR	IDA 33134	
		City/State and Zip Code	
	LUISA@RESTREPOLAW		
	E-mail address: (to be used for future annual report no	itification)
For further information of	concerning this matter, please o	all:	
LUISA ELENA CUAD	RADO	305 447-9430 at ()	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee,	[D J4J 14	ZHIDIN, MOIN	de direct, dance dro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARBOLARADA LLC			
(Name of the Lim	ited Liability C (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	cords.)
The Articles of Organization for this Limited 1	Liability Com	pany were filed on 7/13/2021	and assigned
Florida document number L21000319276			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
NA			
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 appli	cable:	NA	
Principal office address MUST BE A STRE	ET ADDRES	<u></u>	2022 HAR
Enter new mailing address, if applicable:		NA	R 2
(Mailing address MAY BE A POST OFFICE BOX)			- SO 3 5
			一
B. If amending the registered agent and/or agent and/or the new registered office addr	registered of ess here:	fice address on our records, <u>cn</u>	ter the name of the new register
Name of New Registered Agent:	NA	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	NA		
		Enter Florida street ad	dress
			, Florida
		Cin	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 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>	Address	Type of Action
MGR	INTERNATIONAL ADVISORS	2600 SOUTH DOUGLAS ROAD, SUITE 913	□Add
		CORAL GABLES, FLORIDA 33134	Remove
			□ Change
			□Add
			□Remove
			□Change
		· 	□Add
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n offe ote:	ve date, if other than the date of filing:
ecore	d 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 ed.
ited .	MARCH 18 $O(40)$ $O(4$
	Signature of a thember or authorized representative of a member

Filing Fee: \$25.00