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PHONE: (800) 435-9371; FAX: (866) 860-8395

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12/19/22

NAME: ROTAMUNDOS LLC

TYPE OF FILING: AMENDMENT

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	Registration Section Division of Corpora						
SUBJEC [*]		ROTAMUNDOS LLC					
., оворос С	••	Name of Limited	Liability Company				
The enclo	osed Articles of Amo	endment and fee(s) are submit	ted for filing.				
Please ret	urn all corresponder	nce concerning this matter to t	the following:				
	•	GONZALO BAEZA					
	-		Name of Person				
Firm/Company							
		9100 CONROY WINDERME	ERE DR				
	-	<u> </u>	Address				
		WINDERMERE, FL 34786					
	C	BAEZA@INVERSIONESG	City/State and Zip C LOBAL.CL	ode			
	_	E-mail address: (to b	e used for future an	nual report notification)			
For furth	er information conce	erning this matter, please call:					
GONZA	LO BAEZA		352 at (988-3972)			
	Name of Per	son	Area Code	Daytime Telephone Number			

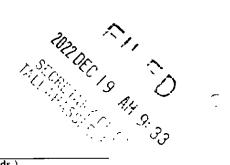
MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROTAMUNDOS 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 Compa	ny were filed on 07/29/2021	and assigned
Florida document number <u>L21000342693</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		r the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of my duties, and I am is provided for in Chapter 605, F.S. Or	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2F8CAB2C-7017-4679-86F7-50DE149B46B5
II amenuing 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
AP	BAEZA, GONZALO	9100 CONROY WINDERMERE RD, 200	= Add
		WINDERMERE, FL 34786	
			□ Remove
			Change
			□ Remove
		<u></u>	Change
			Add
			□ Remove
			Change
			Remove
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Effectiv	e date, if other than the detive date is listed, the date must b	ate of filing	:		(opt	onal)	
(If an effec	rive date is listed, the date must b	e specific and	cannot be prior	to date of filing or m	ore than 90 days after	r filing.) Pursuant to 605	5.0207
	f the date inserted in this bloc nt's effective date on the Dep				g requirements, th	is date will not be list	ed as
the rec	ord specifies a delayed e	effoctivo d	ata but na	t an offactive t	ima at 17:01	a milion the earli	or of
	90th day after the recor		ate, but no	t an enective t	iiiie, at 12.01	a.m. on the earn	er or
•	•						
Datad [DECEMBER 16		2022	usigned by: Hor Silva 1942-017-09-18-sentative			
Dated _		•					
			Héa	tor Silva			
				nized representative	, - , , , ,		

Typed or printed name of signee