## 121000346985

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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21 AUG 10 PH 2: 29

## **COVER LETTER**

TO:

| TO: Registration So<br>Division of Co         |  |   |  |
|---|--|---|--|
| COMERC  | IALIZADORA LATINA USA                        | LLC   |  |
| SUBJECT:                                      | Name of Lin                                  | nited Liability Company   |  |
| The analoged Articles of                      | Amendment and fee(s) are sub                 | and the film  |  |
|   |  | -   |  |
| riease return air correspo                    | ondence concerning this matter               | to the following:   |  |
|   | OSCAR R QUIJADA                              |   |  |
|   |  | Name of Person  | <del></del>  |
|   | COMERCIALIZADORA                             | LATINA USA LLC  |  |
|   |  | Firm/Company  | <del></del>  |
|   |  |   |  |
|   |  | Address   | <del></del>  |
|   | 845 FALLING WATER F                          | RD WESTON FL 33026  |  |
|   |  | City/State and Zip Code   | 1  |
|   | OSCAR.QUIJADA63@GN                           |   |  |
|   | E-mail address: (                            | to be used for future annual report not                             | fication)  |
| For further information e                     | oncerning this matter, please c              | att:  |  |
| Geraldine S Gasperi Seb                       | astiani                                      | 754 423-6268  |  |
| Name o  | l'Person                                     | at ()<br>Area Code Daytim   | e Telephone Number   |
| Enclosed is a check for the                   | ne 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) |
| <u>Mailing Addres</u><br>Registration S       |  | Street Address:<br>Registration Sec                                 | etion  |
| Registration Section Division of Corporations |  | Division of Cor   |  |
| P.O. Box 632<br>Tallahassee 4                 |  | The Centre of T   |  |
| Tallahassee, I                                |  | 2415 N. Monroe Street, Suite 810                                    |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 NUC 10 FH 2: 29

## COMERCIALIZADORA LATINA USA ELC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited I.  | .iability Company)   |  |
|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000346985}{1.21000346985}$  | were filed on 08/02/2021   | and assigned                                   |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:   |  |
| The new name must be distinguishable and contain the words "Limited Liabili  | ity Company," the designation "LLC" or the                             | ne abbreviation "L.L.C."                       |
| Enter new principal offices address, if applicable:  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | <del></del>                                    |
|  |  |  |
|  |  |  |
| Enter new mailing address, if applicable:  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |
|  | -  |  |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  | ddress on our records, <u>enter the n</u>                              | ame of the new registered                      |
| Name of New Registered Agent:  |  |  |
| New Registered Office Address:   |  |  |
| The wife gistered Office Address.  | Enter Florida street address   |  |
|  | , Florida  |  |
|  | City   | Zip Code                                       |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office of<br>company has been notified in writing of this change. | oerformance of my duties, and La<br>rovided for in Chapter 605, F.S. ( | m familiar with and<br>Or, if this document is |

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 21 AUG 10 PH 2: 23           | Type of Action |
|--------------|--------------------------------|--------------------------------------|----------------|
| MGR          | Geraldine's Gasperi sebastiani | 845 FALLING WATER RD WESTON FL 33326 | <b>=</b> Add   |
|              |                                |                                      | □Remove        |
|              |                                |                                      | □Change        |
|              |                                |                                      | □Add           |
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|                           | ending any other information, enter change(s) here: (Attach additional sheets, if necessary).)   |
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| r ree                     | 08/06/2021   |
| (If an ef<br><u>Note:</u> | (optional) (ective date, if other than the date of filing:  (optional) (ective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| the recordis fi           | 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 led.  |
| Dated                     | AUGUST 06  |
|                           | Signature of a member or authorized representative of a member   |
|                           |  |
|                           | OSCAR R QUIJADA  |

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Filing Fee: \$25.00