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2022 JUN 29 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INDUSTRIES DEL TORO LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO MOLINA

Name of Person

INDUSTRIES DEL TORO LLC

Firm/Company

18117 BISCAYNE BLVD 3112

Address

AVENTURA, FL 33160

City/State and Zip Code

ustuempresa@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO MOLINA

786

340-0372

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INDUSTRIES DEL TORO LLC

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

**FILED**  
2022 JUN 29 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/25/2021 and assigned  
Florida document number L21000381705.

This amendment is submitted to amend the following:

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 applicable:

19370 COLLINS AVE, APT 1014

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES BEACH, FL 33160

Enter new mailing address, if applicable:

19370 COLLINS AVE, APT 1014

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES BEACH, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

STEPHANNY G URUETA

New Registered Office Address:

19370 COLLINS AVE 1014

*Enter Florida street address*

SUNNY ISLES BEACH

*City*

Florida 33160

*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.*

*Stephanny Urueta*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LEONARDO MOLINA	8350 NW 52ND TER STE 301	<input type="checkbox"/> Add
		DORAL, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	STEPHANNY G URUETA	19370 COLLINS AVE. APT 1014	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FRANCISCO J DEL TORO ANZO	18117 BISCAYNE BLVD #3112	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA RODRIGUEZ MOTA	18117 BISCAYNE BLVD # 3112	<input type="checkbox"/> Add
		AVENTURA, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
NA	NA	NA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

NA

E. Effective date, if other than the date of filing: NA (optional)

(If an effective date is listed, 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JUNE 29TH 2022

Leonardo Molina

Signature of a member or authorized representative of a member

LEONARDO MOLINA

Typed or printed name of signee