

L21 000391292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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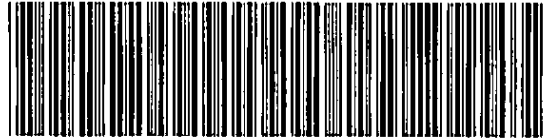
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN 27 AM 10:51

FILED

A. BUTLER
SEP 29 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grupo 2va1 491 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:

Claudia Cobriero

Name of Person

Feinstein, Mendez, Cobriero, P.A.

Firm/Company

2600 Douglas Rd Suite 506

Address

Coral Gables, FL 33134

City/State and Zip Code

claudia@fmclawfirm.com

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

For further information concerning this matter, please call:

Claudia Cobriero

Name of Person

at (786) 636-8938

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**

FILED

Grupo 20a1 491 LLC

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

2022 JUN 27 AM 10:52

The Articles of Organization for this Limited Liability Company were filed on 9/01/21 and assigned
Florida document number 121000391292.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

11806 SW 245TH Terrace

Princeton, FL 33032

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11806 SW 245TH Terrace

Princeton, FL 33032

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:

Claudia Cobriero

New Registered Office Address:

2600 Douglas Rd Suite 506

Enter Florida street address

Coral Gables

City

Florida 33134

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Carlos Zuniga Fabian	1662 NE 191 st Terrace	<input type="checkbox"/> Add
		Miami, FL 33179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carlos Alberto Oñate Lopez	11806 SW 245 th Terrace Princeton	<input checked="" type="checkbox"/> Add
		FL 33032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<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.)*

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E. Effective date, if other than the date of filing: _____ (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 16

2022

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Claudia Cobreiro

Typed or printed name of signee