

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

H210003383893

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.  
Account Number : I20000000083  
Phone : (305)932-6262  
Fax Number : (305)933-9393

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: D.comagnucci1@gmail.com

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2021 SEP 13 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EMPREDIMIENTOS RUA USA LLC

Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge		\$25.00

2021 SEP 13 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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BB  
9/14/21

H 210003383893

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

EMPREDIMIENTOS RUA USA 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 Company were filed on 09/07/2021 and assigned  
Florida document number L21000397823

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

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 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:

New Registered 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 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

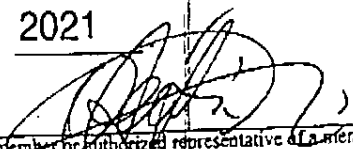
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OSCAR RAUL AVENTIN	CAROLA LORENZINI 4950 UF 243	<input checked="" type="checkbox"/> Add
		MORENO, FA 1746 AR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 10, 2021

  
Signature of a member or authorized representative of a member

OSCAR RAUL AVENTIN

Typed or printed name of signer

SECRETARY OF STATE  
ATLANTA, GEORGIA

2021 SEP 13 PM 1:47

FILED