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(((H23000336184 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090

Phone

: (305)358-1310

Fax Number

: (305)503-6701

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ECHEVERRI RESTREPO USA, LLC

Certificate of Status	0	
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Page Count	03	
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K. SALY SEY 2 5 2023 To.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## ECHEVERRI RESTREPO USA, LLC

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

inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
ranng unitess 19(11 mg/11 1001 VI 1 100 DOIN)	<del></del>	
3. If amending the registered agent and/or registered office :	address on our records, <u>e</u>	nter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:	<del></del>	
	<u> </u>	
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street d	кldress
	Enter Florida street d	nldress , Florida

## 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.

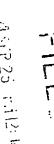
To:

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

13055036701

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	DIEGO ECHEVERRI DUQUE	465 BRICKELL AVENUE, UNIT 3806	Add
		MIAMI, FL 33131	Remove
			X Change
AMBR	PATRICIA RESTREPO CADAVID	465 BRICKELL AVENUE, UNIT 3806	] Add
		MIAMI, FL 33131	Remove
			X Change
			[] Add
			□Remove
			[Change
			□Add
			Remove
			□Change



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)  (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.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	0207 (3)(b) d as the
If the record specifies a delayed effective date, bur not an effective time, at 12:01 a.m. on the earlier of: (b) The 30th day after record is filed.  Dated September 25, 2033.	the
Typed or printed name of signee	