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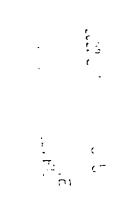
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## **COVER LETTER**

TO:

TO: Registration So Division of Cor			
OLUN VI GIN	GRUPO T	ORGA USA LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		GILBERTO TORRES	
		Name of Person	
	G	RUPO TORGA USA LLC	
		Firm/Company	
	4407	VINELAND RD SUITE D-15	
		Address	
		ORLANDO, FL 32811	
		City/State and Zip Code	<u></u>
		@COREUSACONSTRUCTION. to be used for future annual report not	
For further information c	oncerning this matter, please of		meanon
GILBE	RTO TORRES	786 623-1103	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
Mailina Adden	·c·	Street Address:	
Mailing Address: Registration Section		Registration So	ection
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	
Tallahassee.	rl 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O	RUPO TORGA USA LLC	a val u	- U
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears orida Limited Liability Company)	s on our records.)	, E
The Articles of Organization for this Limited Liabilit florida document number	y Company were filed on	10/11/2021	and assigned
This amendment is submitted to amend the following	2:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "	Limited Liability Company," the de-	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AL	DDRESS)		
			<del></del>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registongent and/or the new registered office address her		ecords, <u>enter the na</u>	me of the new registo
Name of New Registered Agent:			
New Registered Office Address:	Enter Flore	ida street address	
		Florida	
<del></del>	City	, rwnua_	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 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>	Type of Action
MGR	FLOR GUERRERO	4407 VINELAND RD	<b>≣</b> Add
		SUITE D-15	□Remove
		ORLANDO, FL 32811	□ Change
			□Add
			□Remove
			□Change
		DAdd	
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	01-13-2022	
fective date, if other than the dat on effective date is listed, the date must be	te of filing: (optional) specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to	605.0207
ote: If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be	listed as
ocument's effective date on the Depar	rtment of State's records.	
peard enseities a delayed effective da	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day:	after the
is filed.	the, but not an effective time, at 12.01 a.m. on the earlier of 10.7 The 5km day i	inci uic
ated		
Sigi	grature qua member of aemorized representative of a member	
Sigi	gnature of a member or authorized representative of a member  GILBERTO TORRES	

Filing Fee: \$25.00