L22000051327

(Re	questor's Name)	
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COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	INVERSIO	NES CAMACHO LLC			
SOBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		ALEJANDRA C SERRAN	SO DOMPABLO		
		-	Name of Person		
		INVERSIONES CAMACI	HO LLC		
			Firm/Company		
		5252 NW 85TH AVE API	1107		
			Address	_	F=1; -)
		DORAL, FL 33166			ارائ ان ان ان ان ان ان ان ان ان ان ان ان ان
			City/State and Zip Code	_	2
		USTUEMPRESA@GMAII			-
		E-mail address: (to be used for future annual re	eport notification)	
For further is	nformation co	oncerning this matter, please c	all:		· · ·
ALEJANDE	RA C SERRA	NO DOMPABLO	786 340- at ()	0372	, • 1
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a	a check for th	e following amount:			
≡ \$25.00 £	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy		ing Fee. e of Status &

Mailing Address:

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

(additional copy is enclosed)

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

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES CAMACHO 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 $\frac{01}{29}/2022$ and assigned Florida document number L22000051327 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 "L.C." or the abbreviation "L.C. 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: NA Name of New Registered Agent: NA New Registered Office Address: Enter Florida street address

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.

City

NA

If Changing Registered Agent, Signature of New Registered Agent

. Florida <u>^{NA}</u>

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>	Address	Type of Action
MGR	ALEJANDRA C SERRANO DOM	5252 NW 85TH AVE APT 1107	□Add
		DORAL, FL 33166	≡ Remove
			Change
AMBR	CESAR CAMACHO	5252 NW 85TH AVE APT 1107	■Add
		DORAL, FL 33166	□Remove
			□ Change
AMBR	LAURA MENDOZA	5252 NW 85TH AVE APT 1107	= Add
		DORAL, FL 33166	□Remove
			آڪڙ. ڪ
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an effective of	late is listed, the	date must be speci	filing:	or to date of filing	or more than 90 o	lays after filing.)	Pursuant to 605,020
ocument's e	ffective date	on the Departmer	s not meet the appli nt of State's record	s.	niing requirem	ents, this date	will not be listed a
record speci	fies a delaved	l effective date, br	ut not an effective	time at 12:01 a	m on the earli	erofi(b) The	Oth day of an ab
is filed.	•		ar nor an erreetre	time: at 12,01 a	in. on the eath	eror. (b) The	
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JULY	03TH		2023				· <u>==</u>
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			Alaina.	100 San	~ ~ ~		
		Signature	e of a member or aut	tra Serra horized representa	ative of a membe	r	PI 12: 53
							12
		C SERRANO DO					

Filing Fee: \$25.00