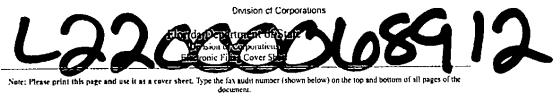
29/3/22, 10:04

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From: +17867052040 (TU CONTADOR EN MIAMI)



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate unother cover sheet,

10: Division of Corporations
Fax Number : (859)617-638)

Account Name : PETER MATHISON LLC Account Number : 100210000152 Phone : (305)520-9343 Fax Number : (786)705-2040

\*\*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 ARGANDONA INVESTMENTS LATAM ELC

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\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

Mar 29, 2022 10:04 (UTC-03) From: +17867052040 (TU CONTADOR EN MIAMI)

## COVER LETTER

TO: Registration Sec Division of Corp				
OLD LOWE	ARGANDONA INV	ESTMENTS LATAM LLC		
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	at (		
Please return all correspo	ndence concerning this matter	to the following:		
	FE	RNANDO VILLARREAL		
		Name of Person		
	F	PETER MATHISON LLC		
		Firm/Company	<del></del>	
800 SE 4TH AVENUE, SUITE 139				
		Address		
	HALL	ANDALE BEACH, FL 33009		
		City/State and Zip Code	<del></del>	
	E-mail address: (	to be used for future annual report no	tification)	
For further information c	oncerning this matter, please c	oll:		
FERNANDO V	ILLARREAL		520-9343	
Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	
Mailing Addre Registration			ection	
Division of C	Corporations	Division of Co	orporations	
P.O. Box 633 Tallahassee,			Tallahassee oe Street, Suite 810	
i attatiassee,	1 6 34317	7117 14 MOIN	or orrow, parity or o	

Tallahassee, FL 32303

From: +17867052040 (TU CONTADOR EN MIAMI)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ARGANDON	A INVESTMENTS LATAM LI	.C		
(Name of the Limited Lia (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)		_
The Articles of Organization for this Limited Liability	y Company were filed on	02/09/2022	and	d assigned
Florida document number	<del></del> ·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the I	imited liability company her	<u>·e</u> :		
ARGA INVESTMENTS LLC				
The new name must be distinguishable and contain the words "	Limited Liability Company," the de	signation "LLC" or the	e abbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	<del></del> _			202
(Principal office address MUST BE A STREET AD	DRESS)			2 HA
		_	<u> </u>	R 75 F2×
Enter new mailing address, if applicable:			7	- PH (C) (A) (C) (A) (C) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A
(Mailing address MAY BE A POST OFFICE BOX)	. <del></del>		7. 7.	ΐ,
Comming and this just be a 1001 of 1700 bong			- 1	9
B. If amending the registered agent and/or registered agent and/or the new registered office address her	ered office address on our re e:	cords, <u>enter the n</u>	ame of the	e new registered
Name of New Registered Agent:			_	
New Registered Office Address:	Enter Flori	ida street address		
		, Florida		
_	City	, , , , , , , , , , , , , , , , , , , ,	Zıp (	Code
New Registered Agent's Signature, if changing Regist	ered 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.

3

From: +17867052040 (TU CONTADOR EN MIAMI)

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>	Name	Address	Type of Action
AMBR	ARGANDONA DE LA F, RAQUEL E	800 SE 4 TH AVENUE SUITE 139	
		HALLANDALE BEACH, FL 33009	≣Remove
			Change
AMBR	VERGARA CORREA, JAIME I	800 SE 4 TH AVENUE SUITE 139	
		HALLANDALE BEACH, FL 33009	□Remove
			Change
			□Add
			LIRemove
			Change
			□Add
			□Remove
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fan effec Note: If	e date, if other than the date tive date is listed, the date must be so the date inserted in this block on the date on the Depart	pecific and cannot be prior to loes not meet the applicab	ble statutory filing requ	optional) n 90 days after filing.) Pur irements, this date will	suant to 605.0207 not be listed as
record d is filed	specifies a delayed effective dat d.	e, but not an effective tim	ne, at 12:01 a.m. on the	carlier of: (b) The 90	th day after the
Dated _	MARCH. 28 TH	2022	_·		
	Sign	raquel arg	audoŭa ized representative of a m	етвет	
		ARGANDONA DE			
	<del></del>		name of signee		

Filing Fee: \$25.00