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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

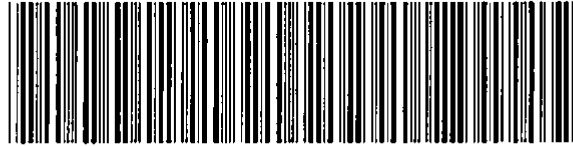
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FONEBE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO MEDINA MORA NIETO
Name of Person

FONEBE LLC
Firm/Company

1502 EL RADO STREET
Address

CORAL GABLES, FL 33134
City/State and Zip Code

alejandromedinamora@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO MEDINA MORA NIETO at (305) 337-1993
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FONEBE 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 03/01/2022 and assigned Florida document number L22000085363.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1502 EL RADO STREET

CORAL GABLES, FL

33134

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:

ALEJANDRO MEDINA HORA NIETO

New Registered Office Address:

1502 EL RADO STREET

Enter Florida street address

CORAL GABLES, FL, Florida

City

33134

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

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>	<u>Type of Action</u>
AMBR	ALEJANDRO MEDINA MOZA N.	3339 FRANKLIN AVE	<input type="checkbox"/> Add
		MIAMI, FL	<input checked="" type="checkbox"/> Remove
		33133	<input type="checkbox"/> Change
MGR	FONEBE, S.A. de C.V.	1502 EL RADO STREET	<input checked="" type="checkbox"/> Add
		COZAL GABLES, FL	<input type="checkbox"/> Remove
		33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 605.0207 (3)(b) this filing date will not be listed as the effective date of the filing.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated OCTOBER 24, 2023

Signature of a member or authorized representative of a member

ALEJANDRO MEDINA MORA NIETO
Typed or printed name of signer

Filing Fee: \$25.00