## 122000086116

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T. MATTHEWS MAR 31 2022

## **COVER LETTER**

TO: Registration : Division of Co			
CALLER ARIZ MET	Viajando A Lo	s Roques LLC	
SUBJECT:		ed Liability Company	
	of Amendment and fee(s) are submondence concerning this matter to	-	
	·	Alberto Reyes	Galbán
		Name of Person	
	Viajano	do A Los Roqu	es LLC
		Farm Compans	<del></del>
	10775	5 NW 21St St #	<del>1</del> 150
		Address	
	Dora	l, Florida, 331	.72
	Jacobo@Vi	City State and Zip Code ajandoALosRo	oques.com
		be used for luture annual repo	nt notification)
	concerning this matter, please cal		25.4.6.4.6.4
	Reyes Galbán	at (_786_)	354.61.62
Nun.	of Person	Area Code - 1	Daytine Telephone Number
Enclosed is a check for	the following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55 00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Viajando A Los Roques LLC

( <u>Name of the Limited Liability C</u> (A Florida Lir	ompany as it now appear nited Liability Company)	(is on our regards.) is C. 25. S	, •
The Articles of Organization for this Limited Liability Com Florida document number L2200086116	pany were filed on	02/22/22	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company b	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the c	designation "LLC" or the abbi	eviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>	<del></del>
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our i	records, <u>enter the name</u>	of the new registered
New Registered Office Address:	Enter Flo	rida street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered A	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered a company has been notified in writing of this change.	plete performance op it as provided for in	f my duties, and I am fai Chapter 605, F.S. Or, if	miliar with and this document is

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>	Address	Type of Action
AMBR	ANDRES CAMPOREALE	10775 NW 21ST ST #150 DORAL , :	33172 <b>X</b> Add
			Петюче
			= Change
	<del></del>	· · · · · · · · · · · · · · · · · · ·	Add
			Remove
	<del></del> -		<sup>—</sup> Add
			Remove
			TChange
			= Add
			= Remove
			TChange
			= Remove
			= Change
			Remove

. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary,)	
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	<del></del>	
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(II an effe Note:	tive date, if other than the date of filing:  [Coptional]  [Coptional]	
the record ford is file	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th iled.	i day after the
Dated_	March, 15th 2.022	
	Signature of a member or authorized representative of a member	
	Jacobo Alberto Reyes Galbán	
	Typed or printed name of signee	

Filing Fee: \$25.00