

L22600093/98

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☐ PICK-UP

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(Business Entity Name)

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2023 NOV 16 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FL

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2023 NOV 16 AM 10:25

SECRETARY OF STATE  
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A. BUTLER

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2023 NOV 16

SECRETARY  
TALLAHASSEE

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/16/2023

**\*\*WALK IN\*\***

ENTITY NAME MENESSE INVESTMENTS LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*S. R. J. W.*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MENESSE INVESTMENTS 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:

GRYSKA SOTOLONGO

Name of Person

THOMAS G. SHERMAN, P.A.

Firm/Company

90 ALMERIA AVENUE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

Gryska@uniontitleservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gryska Sotolongo

305 448-5898  
at ( )

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

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

MENESSE INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2023 NOV 16 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 4, 2022

and assigned FL

Florida document number L22000093198

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) \_\_\_\_\_

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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>                      |
|--------------|---------------------------|----------------------|--|
| MGR          | Mariano Borges            | 2930 Brickell Avenue | <input type="checkbox"/> Add               |
|              |                           | Miami, FL 33129      | <input checked="" type="checkbox"/> Remove |
|              |                           |                      | <input type="checkbox"/> Change            |
| MGR          | Alejandro G. Diaz Naranjo | 1080 Brickell Avenue | <input type="checkbox"/> Add               |
|              |                           | Unit # 1500          | <input checked="" type="checkbox"/> Remove |
|              |                           | Miami, FL 33131      | <input type="checkbox"/> Change            |
| MGR          | Menesse International LLC | 2930 BRICKELL AVE    | <input checked="" type="checkbox"/> Add    |
|              |                           | Miami, FL 33129      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |
|              |                           |                      | <input type="checkbox"/> Add               |
|              |                           |                      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |
|              |                           |                      | <input type="checkbox"/> Add               |
|              |                           |                      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |
|              |                           |                      | <input type="checkbox"/> Add               |
|              |                           |                      | <input type="checkbox"/> Remove            |
|              |                           |                      | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**E. 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)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 15

2023

**-DocuSigned by:**

Alejandro G. Diaz Narayana

Signature of a member ANDRE BERTHOUD Representative of a member

Alejandro G. Diaz Naranjo

Typed or printed name of signee

**Filing Fee: \$25.00**