

1720000120161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

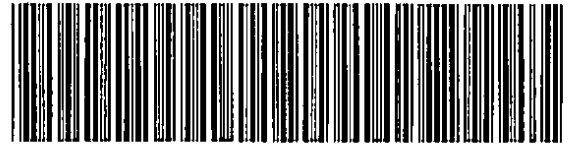
(Business Entity Name)

(Document Number)

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FILED  
2022 APR 28 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 20 2022  
S. PRATHER

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LICARPOL, 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:

GUSTAVO ARGANARAZ

Name of Person

REAL DREAMS USA LLC

Firm/Company

850 NE 3RD STREET SUITE 107A

Address

DANIA BEACH

City/State and Zip Code

info@realdreams-usa.com

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

For further information concerning this matter, please call:

GUSTAVO ARGANARAZ 786 4201297  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

LICARPOL, LLC

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

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TALLAHASSEE, FLORIDA  
STATE

The Articles of Organization for this Limited Liability Company were filed on 03/09/2022 and assigned

Florida document number L22000120161

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:**

15230 LAUREL LANE SOUTH

**(Principal office address MUST BE A STREET ADDRESS)**

PEMBROKE PINES, FLORIDA, 33027

**Enter new mailing address, if applicable:**

15230 LAUREL LANE SOUTH

**(Mailing address MAY BE A POST OFFICE BOX)**

PEMBROKE PINES, FLORIDA, 33027

**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: REAL DREAMS USA LLC

New Registered Office Address: 850 NE 3RD STREET SUITE 107A

*Enter Florida street address*

DANIA BEACH

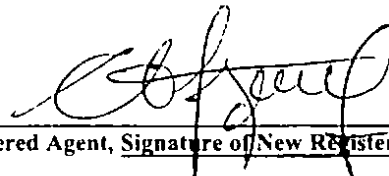
*City*

Florida 33004

*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	TORRES, CARLOS ALBERTO	15230 LAUREL LANE SOUTH	<input type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA, 33027	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LEON, LILIANA	15230 LAUREL LANE SOUTH	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FLORIDA, 33027	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Add EIN number 38-4216059

[illegible]

**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 April 27, 2022

Signature of a member or authorized representative of a member

GUSTAVO ARGANARAZ

Typed or printed name of signee

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2022 APR 28 AM 8:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA