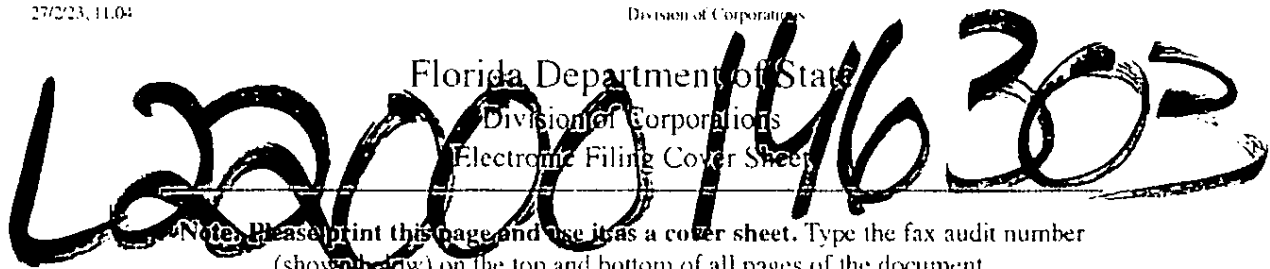


2/2/23, 11:04

Division of Corporations



# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC  
Account Number : 120210000152  
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.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

### JFA REAL ESTATE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2023 FEB 27 AM 9:47

2023 FEB 27 AM 11:40

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## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**  
**JFA REAL ESTATE LLC**

**SUBJECT:** \_\_\_\_\_  
 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:

FERNANDO VILLARREAL

\_\_\_\_\_  
 Name of Person

PETER MATHISON LLC

\_\_\_\_\_  
 Firm/Company

800 SE 4TH AVENUE SUITE 139

\_\_\_\_\_  
 Address

HALLANDALE BEACH, FL, 33009

\_\_\_\_\_  
 City/State and Zip Code

INFO@TUCONTADORENMIAMI.COM

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

For further information concerning this matter, please call:

FERNANDO VILLARREAL 305 520-9343

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

JFA REAL ESTATE 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 03/25/2022 and assigned  
Florida document number L22000146303.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SOCIEDAD DE INVERSIONES AUSTRAL LLC

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>
AMBR	VERGARA MORAGA, CHRISTOPHER J	800 SE 4TH AVENUE STE 139, HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	BAHAMONDES AGUILAR, ULISES A	800 SE 4TH AVENUE STE 139, HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Change <input checked="" 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
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			<input type="checkbox"/> Add
			<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.)*

[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 99th day after the record is filed.

27TH DAY OF FEBRUARY 2023  
Dated \_\_\_\_\_

Christopher Vergara Morales

Signature of a member or authorized representative of a member

ULISES A BAHAMONDES AGUILAR

Typed or printed name of signee

**Filing Fee: \$25.00**