Prorida Department of State Division of Corporations Electronic Bling Coversheet

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

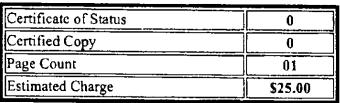
From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (786)783-3650

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 DISTRIBUIDORA DE PRODUCTOS IPC 2022 CA LLC



Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUL - 7 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTRIBUIDORA DE PRODUCTOS			
(Name of the Limited Liabli (A Florid	lity Company as it now appead a Limited Liability Company)	rs an our records.)	
The Articles of Organization for this Limited Liability	Company were filed on <u>05</u>	5/02/2022	_ and assigned
Florida document number L22000180280			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	oited liability company he	ere:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the d	lesignation "LLC" or the abbre	viation EL.C."
Enter new principal offices address, if applicable:			13
(Principal office address MUST BE A STREET ADD	RESS)		
			`\
			Ţ.
Enter new mailing address, if applicable:			<u>::</u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our r	ecords, <u>enter the name o</u>	of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	rida 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>	Name	Address	Type of Action
AMBR GABRIELA JOSE AGREDA GONZALEZ	GABRIELA JOSE AGREDA GONZALEZ	7951 NW 68TH ST	□Add
	MIAMI, FL 33166	≣Remove	
		□ Change	
		□Add	
			□Remove
		Change	
			□Remove
			Change
			Remove
		Change	
		□Remove	
		□Add	
		□ Remove	
			[] Change

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_	
Note: If	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>06/28</u> , <u>2023</u> .
	10.1 Ricola Reasonabel Signature of a member or authorized representative of a member
	- Topissenum to of a memori
	KRANWINKEL, NICOLE D
	Typed or printed name of signee

Filing Fee: \$25.00