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## COVER LETTER

TO: Registration Division of	n Section Corporations		
CURTECT	CENTROBECO LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
	espondence concerning this matter	_	
		JOSE DOMINGO PA	.OLI
		Name of Person	
	ŧ	PMB ABOGADOS S.	C.
		Firm/Company	
	2665 Sou	ith Bayshore Drive.	Suite 703
		Address	<u> </u>
	М	liami, Florida 3313	3
		City/State and Zip Cod	والمنافر المنافر المنا
	• •	aoli@pmb-law.com. to be used for future annu-	• •
For further information	on concerning this matter, please c	all:	
Jose [	Domingo Paoli	954 at()_	260-0370
Na	me of Person	Area Code	Daytime Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fe	c \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e	Certificate of Status
<u>Mailing Ad</u> Registratio	dress: on Section		Address: tration Section
Division o	of Corporations	Divisi	on of Corporations
P.O. Box ( Tallahasse	6327 ee, FL 32314		entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

### CENTROPECO LLC

( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now apperida Limited Liability Company)	ars on our records.)	<del></del>
V		05/13/2022	
The Articles of Organization for this Limited Liability	Company were filed on _		and assigned
Florida document numberL22000197049	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	mited liability company b	nere:	
The new name must be distinguishable and contain the words "I	insited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C"
Enter new principal offices address, if applicable:		- 	Ļx
(Principal office address MUST BE A STREET AD	DRESS)	·	.: 🐧
			1.1
		<del></del>	
Estas and making address if applicables		ਹੈ। ਤਿ	- <u></u> 1
Enter new mailing address, if applicable:		- 1	7
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
	<u></u>		**
B. If amending the registered agent and/or registe agent and/or the new registered office address her		records, <u>enter the na</u>	me of the new reg
Name of New Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:	Enter Flo	orida street address	
	Enter Flo	orida street address	Zip Code

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

it amending retrivinged a croom(s) authorized to manage, enter the time, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR =	Authorized Member	
Title	Name	Δdd

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RAMON E. BARAZARTE V.	2665 SOUTH BAYSHORE DRIVE	
		SUITE 703	⊠Remove
		MIAMI, FL 33133	□Change
			□Add
			□Remove
			Change
<del></del> .		<del></del>	Add
			Remove
			Change
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		<u></u>	□Remove
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				[17] [27]	1
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ective date, if other than the	e date of filing:			(optional)	
effective date is listed, the date muse: If the date inserted in this bl	ist be specific and cann			ys after filing.) Pu	
ument's effective date on the D			tory ming requireme	nis, illis date wii	i not oc nated t
cord specifies a delayed effective filed.	ve date, but not an e	ffective time, at 12	01 a.m. on the earlie	r of: (b) The 90	Oth day after th
	1) ()	<i>(</i>			
ed JULY 30		2024	f(A)		
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		er or sutherized repr	esentative of a member		
-	Signature of a menu	ber or animorated rebr	CDCIIICATT C CI A INICINICAT		