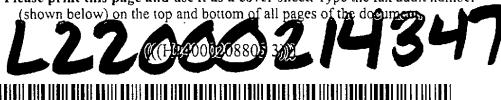
Note: Please print this page and use it as a cover sheet. Type the fax audit number



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

To:

Fax Number

: (850)617-6383

From:

Account Name : BROWARD SOHO SERVICES INC.

Account Number : I20100000080

: (954)366-3850

Fax Number

: (954)633-7850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GRUPO TRICOLOR LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

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Corporate Filing Menu

Help

To:

COVER LETTER

TO: Registration Sec Division of Corp	ction porations					
cup wcr.	GRUPO	TRICOLOR LLC				
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	nitted for filing.				
Please return all correspo	ndence concerning this matter	o the following:				
		MIGUEL A ANTOR				
		Name of Person				
	GRUPO TRICOLOR LLC					
Firm/Company						
	1518 CO	RONADO RD SAN SEBASTIAN	Į			
		Address				
	WESTON, FL 33327					
		City/State and Zip Code				
4		miguelantor@hotmail.com				
	E-mail address: (to be used for future annual report not	ification)			
For further information of	concerning this matter, please c	all:				
MIGUĘL	A ANTOR	786 779-7713				
Name o	f Person	at ()	ne Telephone Number			
Enclosed is a check for t	he following amount:					
€ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre	<u>ss:</u>	Street Address:				

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

GRUPO TRICOLOR LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed or Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compar	ny 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:	
(Frincipii Office unives) 71001 DD11011	
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 agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of the new registered</u>
New Registered Office Address: Ent	ter Florida street address
	, Florida Zip Code
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 provisions of all statutes relative to the proper and complete performan accept the obligations of my position as registered agent as provided for being filed to merely reflect a change in the registered office address. I company has been notified in writing of this change.	or in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From: Amelia Basso

Fax: 19546337850

To:

Fax: (850) 617-6383

Page: 5 of 7

06/14/2024 4:33 PM

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 Type of Action Address Title Name. 1518 CORONADO RD SAN SEBASTIAN NINOSKA R MARTEL MGR \Box Add WESTON, FL 33327 _ ≣Remove _____ Change _____ □Remove _____ Change ______ □Remove ____ Change DAdd _____ □Remove ☐ Change _____ □Adđ _____ □Remove _____ Change □Remove . . . ,

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effecti If in eff Note: docum	(optional) Rective date, if other than the date of filing: (optional) Rective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Purs If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a sent's effective date on the Department of State's records.	uant to 605.0207 (not be listed as t
ug is lij e tecoù	•	n day after the
Dated_	MAY 21 FINALL MAY THE TOTAL	
	Signature of a pecuber or authorized representative of a member	