422000218663

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

	egistration Sec vision of Corp				
SUBJECT:	: INVERSIO	NES 8C LLC (L2200021)	8663)		
		Name of Lim	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspor	idence concerning this matter (to the following:		
		MARI	O E. ALVAREZ-ROMERO		
		-	Name of Person		
		c/o T	AXATIONING LLC		
Firm/Company					
		154	INAGUA STREET		
		4***	Address	-	
		DA	NIA, FLORIDA 33004		
			City/State and Zip Code	• • • • • •	
		taxat	ioninc@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)	
For further	information ec	oncerning this matter, please ca	ill:		
<u>MARIO E</u>	. ALVAREZ-		at (786) <u>682 - 9892</u>		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	e following amount:			
№ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
	ailing Address		Street Address:		
Registration Section Division of Corporations			Registration Sec Division of Cor		
P.O. Box 6327			The Centre of T	allahassee	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



INVERSIONES 8C LLC (a Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\underline{05/05/2022}$ and assigned Florida document number L22000218663.

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)	
Trincipus office anarcas, 1708 I BB 1102 I 102 I	"	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	 -	
B. If amending the registered agent and/or registere agent and/or the new registered office address here		enter the name of the new regis
		enter the name of the new regis
ngent and/or the new registered office address here	: 	
Name of New Registered Agent:		
Name of New Registered Agent:	: Enter Florida stree	address
Name of New Registered Agent:	: Enter Florida stree	
Name of New Registered Agent:	: Enter Florida street City	address

	ing Authorized Person(s) authorized to ma ed from our records:	anage, <u>enter the title, name, and address of each </u>	person being added
	Manager Authorized Member		
<u> </u>	<u>Name</u>	Address	Type of Action
MGR	FLOR MILENA CASAS POVEDA	CALLE 151# 13-22, BOGOTA, CO 110131191	X Add
MGR	DANILO A. MUNOZ SALAS	CALLE 66B #43-04, BOGOTA, CO 111221194	X Add
D. If ame	ending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	2022
-			I Jor
-			FILED FORWARD 13 AM J
(If an eff <u>Note:</u>	ive date, if other than the date of filing: [ective date is listed, the date must be specific and cannot lf the date inserted in this block does not meet the date inserted ate on the Department of State's	(optional) It be prior to date of filing or more than 90 days after filing.) Purs The applicable statutory filing requirements, this date will seconds.	uant to 605.0207 (3)(b)
If the recor		ffective time, at 12:01 a.m. on the earlier of: (b) The 90th	day after the
Dated	1, 05/ 05 /2022	ENI	
	Signature of a memb	er or authorized representative of a member	
	CRISTHYA	N E. MARTINEZ MUÑOZ	

Filing Fee: \$25.00