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2022 OCT 18 AM 8:09
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CLERK

A. BUTLER
JAN 12 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S&S INGENIERIA GLOBAL ENTERPRISE LLC

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:

AIDA CERTUCHE

Name of Person

CERTUCHE ASSOCIATES USA

Firm/Company

950 S PINE ISLAND RD A 150 SUIT 1012

Address

PLANTATION, FL 33324

City/State and Zip Code

aidalui5@hotmail.com

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

For further information concerning this matter, please call:

AIDA CERTUCHE

954

7321050

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**

S&S INGENIERIA GLOBAL ENTERPRISE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 OCT 18 AM 8:09

FILED DE STATE

The Articles of Organization for this Limited Liability Company were filed on 05/11/2022 and assigned
Florida document number L22000222719

This amendment is submitted to amend the following:

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

S&S GLOBAL ENTERPRISE 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>
MGR	GARCIA, HERNAN A	CRA 140 # 3-05CALI, V 76001 CO	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2325 rollingwood ct Oakland Park FL 33309	<input checked="" type="checkbox"/> Change
AMBR	ZORRILLA, MARTHA C	CRA 140 # 3-05CALI, V 76001 CO	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		2325 rollingwood ct Oakland Park FL 33309	<input checked="" type="checkbox"/> Change
AP	HG INGENIERIA Y CONSTRUCC		<input type="checkbox"/> Add
		CRA 64 A#5-30CALI, V 76001 CO	<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2022

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00