# Florida Department of S

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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : V & A BUSINESS SOLUTION INC

Account Number : I20160000021 Phone : (954)865-6607 Fax Number : (954)933-2634

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

<b>Email</b>	Address:						
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REST HILLS LLC

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K. Brumbley

## COVER LETTER

TO: Registration Division of C			•
REST HI SUBJECT:	ILLS LLC		
30bJCC1.	Name of Lin	sited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filing.	
	pondence concerning this matter	J	
	LETICIA ELVIRA FUEN	TTEALBA TAPIA	
		Name of Person	, <u> </u>
	MGR		
		Firm/Company	<del></del>
	2330 PONCE DE LEON I	BLVD	
	****	Address	<del> </del>
	MIANII "FL 33134		
		City/State and Zip Code	
	pguzmanh@agrosisa.cl	to be used for future annual report noti	fication)
For further information	concerning this matter, please o		
LETICIA ELVIRA FU		786 393-0017	
	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Multing Addi Registration Division of P.O. Box 63 Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of I 2415 N. Monro Tallahassee, FL	porations `allahassee e Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REST HILLS LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	<u> </u>		
The Articles of Organization for this Limited I Florida document number L22000248621	.iability Company	were filed on 06/06/202	2	a	nd assi	gned
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or th	e abbrevia	ion "L.I.	
Enter new principal offices address, if appli-	cable:	8748 DANFORTH DR				
(Principal office address MUST BE A STREE		WINDERMERE, FL 34786				
			<del></del> -		<del>-</del>	
Enter new mailing address, if applicable:		8748 DANFORTH DR				
(Mailing address MAY BE A POST OFFICE BOX)		WINDERMERE, FL 34786				
						<del>-</del>
B. If amending the registered agent and/or agent and/or the new registered office addresses		address on our records,	enter the n	name of ti	he new	<u>registered</u>
Name of New Registered Agent:	PATRICIO JA	VIER GUZMAN HENZI		·· <u>·</u>		<u>=</u>
New Registered Office Address:	8748 DANFORTH DR				ယ	
		Enter Florida stree	i address	•	<u>.</u>	17
	WINDERMER		Florida		÷. ———	`
		City		Zip	(corie	

#### 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
MMGR	LETECTA ElveRATICATIONS	8748 DANFORTH DR	□Abd
	,,,,	WINDERMERE FL 34786	
			<b>=</b> Change
MMGR	PATRECEC JANTER GUZHAN HENZE	8748 DANFORTH DR	□Add
		WINDERMERE FL 34786	□Remove
			≡Change
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ective date, if other than th	06/05/2 e date of filing:	022	(option	al)
ective date, if other than the n effective date is listed, the date m te: If the date inserted in this l	ast he specific and cannot be p	rior to date of filing or n	iore than 90 days after fill	ing.) Pursuant to 605,020
cument's effective date on the			g requirements, and a	ne witt hot be fisted a
ecord specifies a delayed effect is filed.	ve date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
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JULY 12	2022			
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Typed or printed name of signee