

L22000248939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

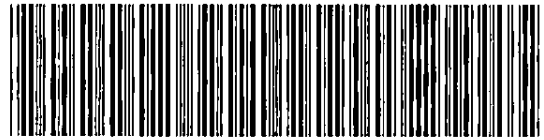
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400437467484

10/02/24--01031--011 **25.00

2024 OCT -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASISTENCIA CIUDADANA S.A.S 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:

OSWALDO D FRANCESCHI

Name of Person

ASISTENCIA CIUDADANA S.A.S LLC

Firm/Company

2200 N COMMERCE PARKWAY #200 SUITE 240

Address

WESTON, FL 33326

City/State and Zip Code

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

For further information concerning this matter, please call:

OSWALDO D FRANCESCHI

Name of Person

407 684-6396
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2024 OCT -2 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ASISTENCIA CIUDADANA S.A.S LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/31/2022 and assigned
Florida document number L22000248939.

This amendment is submitted to amend the following:

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

(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: OSWALDO D FRANCESCHI

New Registered Office Address: 2200 N COMMERCE PARKWAY #200 SUITE 240

Enter Florida street address

WESTON, Florida 33326

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>
AMBR	OSWALDO D FRANCESCHI	2175 ENSENADA TERRACE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DAVID DANIEL DE LA CRUZ	2200 N COMMERCE PARKWAY #200 SUITE 240	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ISABEL T GALLEGOS	2200 N COMMERCE PARKWAY #200 SUITE 240	<input checked="" type="checkbox"/> Add
		WESTON, FL 33326	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 OCT 2 PM 3:07
 SECRET
 FALL 2021

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 OCT -2 PM 3:07
SECRETARY OF THE
TALLINN

E. Effective date, if other than the date of filing: 9/23/2024 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated SEPTEMBER 23 2024

Quito D. Franceschi
Signature of a member or authorized

Signature of a member or authorized representative of a member

OSWALDO D FRANCESCHI

Typed or printed name of signee

Filing Fee: \$25.00