

L22000250740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

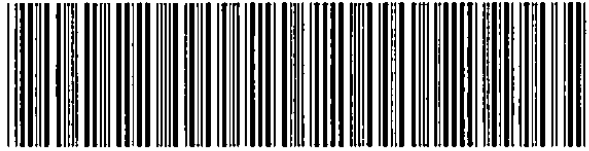
(Document Number)

Copies _____ Certificates of Status _____

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FILED

2023 JAN -3 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FL

60

2023 JAN 3 PM 11:25

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 291074 8384787

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : December 27, 2022

ORDER TIME : 10:05 AM

ORDER NO. : 291074-005

CUSTOMER NO: 8384787

DOMESTIC AMENDMENT FILING

NAME: NUMANTIA LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2023

CORPORATION SERVICE COMPANY

SUBJECT: NUMANTIA LLC
Ref. Number: L22000250740

RESUBMIT
Please give original
submission date as file date.

We have received your document for NUMANTIA LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please correct the entity's date of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 923A00000123



81:11:17 5:11:18 PM '23

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2023 JAN -3 AM 9: 58

NUMANTIA LLC

SECRETARY OF STATE
TALLAHASSEE, FL

(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 06/01/2022 and assigned
Florida document number L22000250740.

This amendment is submitted to amend the following:

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:

1000 Brickell Ave Suite 480

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33131

Enter new mailing address, if applicable:

1000 Brickell Ave Suite 480

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33131

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

City, Florida

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Names</u>	<u>Address</u>	<u>Type of Action</u>
IGR	GOMEZ PACHECO, JONAS	1000 Brickell Ave Suite 480	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
IGR	GOMEZ ALONSO, PABLO RODOLFO	1000 Brickell Ave Suite 480	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" type="checkbox"/> Change
GR	GOMEZ ALONSO, JONAS ANTONIO	1000 Brickell Ave Suite 480	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Miami, FL 33131	<input checked="" 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

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

Effective date, if other than the date of filing: _____ (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.

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 January 3, 2023.

/s/Jonas Gomez Pacheco

Signature of a member or authorized representative of a member

Jonas Gomez Pacheco

Typed or printed name of signee

Filing Fee: \$25.00