

L22000255173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

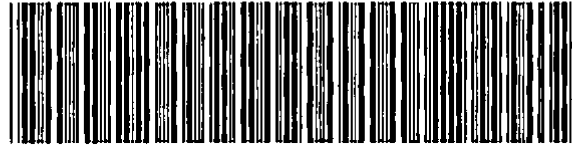
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2022 NOV -4 AM 10:24

**Registration Section
Division of Corporations**

AGUANTE LA CELESTE LLC

ECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

; return all correspondence concerning this matter to the following:

FERNANDO M. OCAMPO

Name of Person

AGUANIE LA CELESTIE LLC

Firm/Company

1079 NE 204 TERRACE

Address

MIAMI, FLORIDA 33179

City/State and Zip Code

carlosggutman@gmail.com

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

For further information concerning this matter, please call:

Name of Person

786
Area Code

443-5571
Daytime Telephone Number

sed 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**

AGUANTE LA CELESTE LLC

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

Articles of Organization for this Limited Liability Company were filed on 06-03-2022 and assigned document number L22000255173.

Amendment is submitted to amend the following:

Changing 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."

Changing principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Changing mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

Changing 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

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

= Manager
R = Authorized Member

R = Authorized Member

Type of Action

1079 NE 204 TERRACE, MIAMI FL 33179

 Add☐ Remove☐ Change

L3 Add

☐ Remove☐ Change

☐ Add

☐ Remove☐ Change☐ Add☐ Remove☐ Change

UAdd

☐ Remove☐ Change☐ Add☐ Remove☐ Change

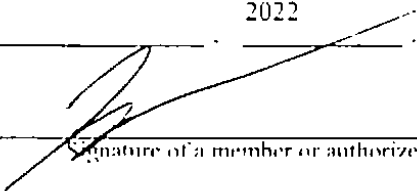
Submitting any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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) g: 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.

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 document is filed.

Effective date: OCTOBER 26TH 2022



Signature of a member or authorized representative of a member

FERNANDO M. OCAMPO

Typed or printed name of signee

Filing Fee: \$25.00