

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L220003186460

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : FORTUNA & ASSOCIATES TAX SERVICES
 Account Number : I20210000098
 Phone : (305)728-2377
 Fax Number : (302)728-2378

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

Email Address: fortunataxpros@gmail.com

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2022 OCT 13 11:11:00 AM

2022 OCT 13 AM 10:15

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 EUREKA 2022 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

OCT 13 2022
 11:11:00 AM

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EUREKA 2022 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:

Alejandro Blaschitz Garcia
Name of Person

EUREKA 2022 LLC
Firm/Company

233 E FOREST OAK CIR.
Address

DAVIE, FL 33325
City/State and Zip Code

ablaschitz@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Blaschitz
Name of Person

786 508-4914
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

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 TALLAHASSEE, FL
 DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EUREKA 2022 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 07/18/2022 and assigned Florida document number L22000316460

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: Alejandro Blaschitz Garcia

New Registered Office Address: 233 E FOREST OAK CIR. Enter Florida street address

DAVIE, Florida 33325 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.

[Handwritten Signature] If Changing Registered Agent, Signature of New Registered Agent

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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	Alejandro Blaschitz Garcia	3956 ESTEPONA AVE DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Jorge Andres Schjolberg Gacitua	2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Juan Pablo Salas Bastu	2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	SERGIO MOLINA ROJAS	233 E FOREST OAK CIR.DAVIE, FL 33325	<input type="checkbox"/> Add <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

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

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

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E. 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.

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 August 5th 2022


Signature of a member or authorized representative of a member

Alejandro Blaschitz Garcia
Typed or printed name of signer