

1/27/25, 11:05 AM

Division of Corporations

(H25000030478 3)

Florida Department of State
Division of Corporations
Electronic Filing (Cover Sheet)

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To:

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

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC
Account Number : I20160000041
Phone : (407)443-8973
Fax Number : (407)930-2626

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERSIONES 5 ESTRELLAS LLC

Certificate of Status	0
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K. SALY

JAN 28 2025

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES 5 ESTRELLAS 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:

DESIREE TORRES

Name of Person

SICONT ENTERPRISES OF AMERICA INC

Firm/Company

13550 VILLAGE PARK DR STE 255

Address

ORLANDO, FL 32837

City/State and Zip Code

sunoiz.sicont@hotmail.com

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

For further information concerning this matter, please call:

DESIREE TORRES

Name of Person

at (407)

Area Code

443-8973

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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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

INVERSIONES 5 ESTRELLAS LLC

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

FILED
2025 JAN 27 PM 5:22
SECURITY DIVISION
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/25/2022 and assigned
Florida document number L22000326519.

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:

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

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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	RONAN RENE CORTES SAGASTUME		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		32 N JOHN ST ORLANDO, FL 32835	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

025 JAN 27 PM 5:22
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2025 JAN 27 PM 5:22
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FALL RIVER, MA

F. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific to the particular claim.)

(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 required time period, the filing is not timely.

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 JANUARY 21 st, 2025

Person Text
Signature of a member or authorized representative of a member

Ronan René Cortes Sagastume
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00

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