

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

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

Email Address: info@jelenaccounting.com

LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
INVERSIONES ALANTO LLC

Certificate of Status	0
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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T. LEMIEUX

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Help AUG 14 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES ALANTO 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 08/24/2022 and assigned
Florida document number 122000373656.

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:

4409 SW 173RD AVE

(Principal office address MUST BE A STREET ADDRESS)

MIRAMAR, FL 33209

Enter new mailing address, if applicable:

4409 SW 173RD AVE

(Mailing address MAY BE A POST OFFICE BOX)

MIRAMAR, FL 33209

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:

BERNARDO A OCHOA VARGAS

New Registered Office Address:

4409 SW 173RD AVE

Enter Florida street address:

MIRAMAR

City

Florida 33209

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	BERNARDO A OCHOA VARGAS	4409 SW 173RD AVE	<input type="checkbox"/> Add
		MIRAMAR, FL 33209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUZDARY LOZANO VELASQUEZ	4409 SW 173RD AVE	<input type="checkbox"/> Add
		MIRAMAR, FL 33209	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be later than the date of filing.)

(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 10

2023

AUGUST 10 2023
Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

BERNARDO A OCHOA VARGAS

Typed or printed name of signee