

122000400370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

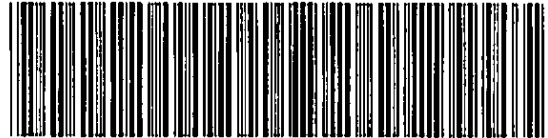
(Business Entity Name)

(Document Number)

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2022 DEC 29 PM 12:33
STATE OF FLORIDA
TALLAHASSEE, FL 90103

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Microfranchising Latam 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:

Joaquin Morales Schoneke

Name of Person

Firm/Company

2165 Van Buren Street, Suite 603

Address

Hollywood, Florida 33020

City/State and Zip Code

joaquinms19@gmail.com

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

For further information concerning this matter, please call:

Joaquin Morales Schoneke

951
at ()

4003-4013

Name of Person

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2022 DEC 29 PM 12:33

ED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MICROFRANCHISING LATAM 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 09/13/2022 and assigned Florida document number L22000400370.

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)

2165 Van Buren Street, Suite 603

Hollywood, Florida 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2165 Van Buren Street, Suite 603

Hollywood, Florida 33020

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

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	Joaquin Morales Schonekes	2165 Van Buren Street, Suite 603	<input type="checkbox"/> Add
		Hollywood, Florida 33020	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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STATE OF FLORIDA
 COUNTY OF MIAMI
 2022 NOV 29 PM 12:33
 TALLAHASSEE, FLORIDA

2022 DEC 29 PH 12:33
SULLY
FALL AMASST. FLORIDA

2022 DEC 29 PM 17:33
SILVER SPRING
ITALY AIRSFD.F (11/10/2021)

(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)

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.

Signature of a member or authorized representative of a member

Astrid C. Montealegre
Typed or printed name of signee

Filing Fee: \$25.00