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SECRETARY OF STAIL

## **COVER LETTER**

	egistration Se ivision of Co			
SUBJECT		ORES USA LLC		
SUBJECT	:	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	_	
		HENRY L AGUILO		
			Name of Person	
		·	Firm/Company	
		1071 W 51ST PLACE		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		aguilohenry@gmail.com	to be used for future annual report not	eliteration)
For further	information c	oncerning this matter, please c		ancaion
HENRY L	AGUILO		786 865-3323	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne 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		Street Address: Registration Sc	ection	
Division of Corporations		Division of Co	rporations	
	O. Box 632		The Centre of	
R D P.	egistration S ivision of C	Section forporations 7	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTADORES USA 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  $\frac{09/28/2022}{1}$ and assigned 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

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.

City

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

Title	<u>Name</u>	Address	Type of Action
MGR	VILAR, CONSUELO	21165 HELMSMAN DR # G14	□Add
		AVENTURA, FL 33180	■Remove
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<u>ote:</u> II	e date, if other the tive date is listed, the its inserted in the date inserted in the date of the dat	n this block doe	s not meet th	ie applicable	ate of filing or r statutory filin	( nore than 90 days ng requirements	optional) after filing.) Pursi s, this date will n	iant to 605.0207 of be listed as
record is filed	specifies a delayed I.	effective date, l	but not an ef	fective time,	at 12:01 a.m.	on the earlier o	of: (b) The 90th	day after the
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		Signatu	re of almembe	U L.	d representative	of a member		<u>.                                    </u>