Division of Corporations

Florida Department of State Division of Corporations LZZ Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000352719 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:			
	Division of Corporations Fax Number : (850)617-6383		
From			
FFON	Account Name : V & A BUSINESS Account Number : I20160000021 Phone : (954)865-6607 Fax Number : (954)933-2634	SOLUTION INC	
- 	er the email address for this busine annual report mailings. Enter only c Email Address:	ss entity to be used one email address ple	for future ase.**
	LLC AMND/RESTATE/CORRE	CT OR M/MG RES	SIGN
-1	ARANGO ESCOBA	R USA LLC	2022
2822 051	Certificate of Status	0	2022 OCT
	Certified Copy	0	
50	Page Count	01	
	Estimated Charge	\$25.00	PHI2:

Electronic Filing Menu Corporate Filing Menu

Help

CET 1 7 2022

۰

Tallahassee, FL 32314

				COVER LETT	<b>ER</b>			
TO:	Registration Se Division of Cor		¢	• • • • • • • • •	Á	- <b>b</b>	÷ ۲	£
CLUD U	ARANGO	ESCOHAR EIS	A LLC					
SUBJI	LCI:		Name of Lin	tited Liability Company				
The en	closed Articles of	Amendment an	d fee(s) are sub	unitted for filing.				
Please	return all correspo	ndence concerr	ing this matter	to the following:				
		MARCELA	A ESCOBAR (	GONZALEZ				
				Name of Person				
		AMBR						
				Firm/Company		·		
		7544 SW I	12TH CT					
				Address				
		MIAMI FL	33173					
				City/State and Zip Co	ode			
		alvaro23@y				·		
				(to be used for future ann	ilial report noti	fication)		
For fur	ther information o	oncerning this i	natter, please c	all:				
MAR	CELA ESCOBAR	GONZALEZ		786 at ()	346-8585			
	Name o	f Person		Area Code	Daybim	e Telephone I	Number	
Enclos	ed is a check for th	e following am	iount:					
<b>₽</b> \$2	5.00 Filing Fec	☐ \$30.00 Fi Certiñe:	ling Fee & ate of Status	S55.00 Filing F Certified Copy (additional copy is	į	C. Ci	ertified C	of Status &
	Mailing Addres			Stree	t Address:			
	Registration S Division of C			Regi Divis	stration Se sion of Cor	ction porations		
	P.O. Box 632				Centre of T		2	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARANGO ESCOBAR USA LLC		
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/06/2022	and assigned
Florida document number 1.22000435247		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BEA POST OFFICE BOX</u> )		
······		

B. If amending the registered agent and/or registered office address on our records, enter the name of the bay registered agent and/or the new registered office address here:

Name of New Registered Agent:		OCT   I	ק קקג ק
New Registered Office Address:	Enter Florida street address		LED EI
	, 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 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	Name	Address	Type of Action
MMGR	Áranqo Zamorano, Mauricio	7544 SW 112TH CT	⊡Add
		MIAMI FL 33173	□Remove
			🖩 Change
			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	🗆 Remove
			□Change
			CAdd
			DRemove
			Change
			ElAdd
			🗆 Remove
			□ Change
			🖸 Add
			🗆 Remove
			🗆 Change
. <u> </u>			ÜAdd
		· · · · · · · · · · · · · · · · · · ·	🗆 Remove
			🗆 Change

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

	 ~	 
	 	 <u> </u>
	 ······	 

(It in 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) <u>Note:</u> If the date inserted in this block does not meet the applicable starutory 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 OCTOBER 13 2022 \_ New Demoissor