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.

(((H22000362237 3)))



- <del></del>	Doing so will generate anot			<u> </u>	
To:				मित्री अभ्यात	2022 001 21
	Division of Corporations			三芸芸	2
	Fax Number : (850)617-6383			YSS Y D	
From:				OF S SEE.	
	Account Name : V & A BUSINESS :	SOLUTION INC		. 0) 개년	?
	Account Number : I20160000021 Phone : (954)865-6607			٦ <u>. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲.</u>	AM 2: 44
	Phone : (954)865-6607 Fax Number : (954)933-2634			• •	•
an:	the email address for this busines nual report mailings. Enter only or ail Address:	ne email address	please	e.** 	
an:	nual report mailings. Enter only or ail Address: LC AMND/RESTATE/CORREC	ct or M/MG	please	e.** 	-
an:	nual report mailings. Enter only or	ct or M/MG	please	e.** 	
an:	LC AMND/RESTATE/CORREC	CT OR M/MG	please	e.** 	
an:	LC AMND/RESTATE/CORRECTATION ARANGO ESCOBAR	CT OR M/MG R USA LLC	RESI	e.**  GN	
an:	LC AMND/RESTATE/CORRECTATION ARANGO ESCOBAR  Certificate of Status  Certified Copy  Page Count	CT OR M/MG R USA LLC  0 0 0	RESI	e.**  GN	
an:	LC AMND/RESTATE/CORRECTION ARANGO ESCOBAR  Certificate of Status  Certified Copy	CT OR M/MG R USA LLC 0 0	RESI	e.** 	

Corporate Filing Menu

Electronic Filing Menu

Help

## **COVER LETTER**

TO:	Registration Se Division of Cor		<b>,</b>	
SUBJE	ישירעי	ESCOBAR USA LLC		
30001		Name of Lire	nited Liability Company	
The an	ممارين المساور	Amonda and Caraba and A	to to git	
		Amendment and fee(s) are sub	-	
Piease	return all correspo	ndence concerning this matter	to the following:	
		MARCELA ESCOBAR C	GONZALEZ	
		<del> </del>	Name of Person	
		AMBR		
			Firm/Company	
		7544 SW 112TH CT		
		<u> </u>	Address	
		MIAMI FL 33173		
		<del></del>	City/State and Zip Code	
		alvaro23@yahoo.com	to be used for future annual report not	50
For fur	ther information o	oncerning this matter, please o	•	neation)
MARC	ELA ESCOBAR		786 346-8585 at ()	
	Name o	î Perşon	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>≡</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, H	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARANGO ESCOBAR USA LLC			
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records company)	D
The Articles of Organization for this Limited I	Liability Company were fil	led on 10/06/2022	and assigned
Florida document number L22000435247	·		
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		2022 17/0
	<del></del>		
			21
Enter new mailing address, if applicable:		<u> </u>	<del>∑</del> <del>E</del> m
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addresses	r <b>eg</b> istered office address ss here:	on our records, enter t	he name of the new registered
Name of New Registered Agent:	LILIANA OTERO		
New Registered Office Address:			
		Enter Florida street address	
			rida
	City		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>	Address	Type of Action
			☐Add
			□Remove
			□Add
			□Change
			□Add
			CRemove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
	***************************************		🗀 Add
			□Remove
			Change

	<del></del>	····	<del></del>
<del> </del>			
·			
			<del></del>
		<del></del>	<del></del>
			····
			<del></del>
·			
-			
<del></del>			
Note: If the date inserted in this	tust be specific and cannot be prior block does not meet the applic	optio  to date of filing or more than 90 days after the able statutory filing requirements, this	iling.) Pursuant to 605,0207 (3)
document's effective date on the	Department of State's records.		
the record specifies a delayed effect scord is filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
OCTOBER 13	2022		
		21 of representative of a member	

Filing Fee: \$25.00

Typed or printed name of signce