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Division of Corporations

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ARANGO ESCOBAR USA LLC

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## COVER LETTER TO: **Registration Section Division of Corporations** ARANGO ESCOBAR USA LLC SUBJECT: 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: MARCELA ESCOBAR GONZALEZ Name of Person AMBR Firm/Company 7544 SW 112TH CT Address MIAMI FL 33173 City/State and Zip Code alvaro23@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; MARCELA ESCOBAR GONZALEZ 786 346-8585 at (\_\_\_\_ Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee □ \$55.00 Filing Fee & □ \$30.00 Filing Fee & C \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 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 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 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 liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

### Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)			~	
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Enter new mailing address, if applicable:			22	
(Mailing address MAY BE A POST OFFICE ROX)	<u></u>	Y	ס	m
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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:

New Registered Office Address:	Enter Florida street a	udáress
	City	Florida Zio 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 hability 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

<u>Title</u>	Name	Address	Type of Action
MMGR	Aranjo zamorano, Mauricio	7544 SW 112 TH CT MIAMI FL 33173	🖾 Add
			🖩 Remove
	Proyectos Arango Escobar Investments S. A.S		🗆 Chang <b>:</b>
MMGR	Investments S.A.S	7544 SW 112 TH CT_MIAMI FL 33173	■ Add
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if an ef	Tective date is listed, the date must be speci	fie and cannot be prio:	to date of filing or more th	an 90 days after filing.) Pursuant	to 605.0207 (3)(b)
Note:	If the date inserted in this block does	not meet the applic	able statutory filing req	uirements, this date will not b	e listed as the
docun	nent's effective date on the Departmen	nt of State's records			
If the record record is fi	rd specifies a delayed effective date, b iled.	ut not an effective t	ime, at 12:01 a.m. on th	e earlier of: (b) – The 90th da	y after the
Dated	DECEMBER 20	2022			
	DECEMBER 20	Escobul			
	Signatur	e of a member or auth	orized representative of a	member	

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

MARCELA ESCOBAR GONZALEZ

Typed or printed name of signee