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(((H220003855913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JP GLOBAL BUSINESS

Account Number : I20130000083 : (305)359-3700 Phone Fax Number : (786)217-1243

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DEPENSU LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
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T. LEMIEUX MAR 1 6 2023

## **COVER LETTER**

(H220003855913)

| TO: Registration S<br>Division of Co |   |   |   |
|--------------------------------------|---|---|---|
| SUBJECT:                             |   | PENSU LLC   |   |
|                                      |   | nited Liability Company   |   |
|                                      | Amendment and fee(s) are sul              |   |   |
| ·                                    | <b>3</b>                                  | SONIA BOTERO  |   |
|                                      |   | Name of Person  | <del></del>   |
|                                      | JP GLOE                                   | BAL BUSINESS SOLUTIONS INC  |   |
|                                      |   | Firm/Company  |   |
|                                      | 1395 E                                    | BRICKELL AVE STE 800  |   |
|                                      |   | Address   |   |
|                                      |   | MIAMI, FL 33131   |   |
|                                      | MA 67                                     | City/State and Zip Code<br>FER@JPGBUSINESS.COM                      |   |
|                                      |   | to be used for future annual report notif                           | fication)   |
| or further information o             | concerning this matter, please o          | all:  |   |
| SONIA                                | A BOTERO                                  | 305 359-3700  |   |
| Name o                               | of Person                                 | at ()   | e Telephone Number  |
| Enclosed is a check for t            | he following amount:                      |   |   |
| ■ \$25.00 Filing Fee                 | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul> |
|                                      |   |   |   |

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

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Page: 3

| DEPEN   | ISU LLC                                      |                            |                      |
|---|--|----------------------------|----------------------|
| (Name of the Limited Liability Compa<br>(A Florida Limited)                             | ny as it now appears o<br>Liability Company) | n our records.)            |                      |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on                                | 10/21/2022                 | and assigned         |
| This amendment is submitted to amend the following:                                     |  |                            |                      |
| A. If amending name, enter the new name of the limited liabi                            | lity company here:                           |                            |                      |
| The new name must be distinguishable and contain the words "Limited Liabili             | ly Company." the design                      | ation "1   C" or the white | revision *I. I. C. * |
| Enter new principal offices address, if applicable:                                     | ,  |                            | E.L.C.               |
| (Principal office address MUST BE A STREET ADDRESS)                                     |  |                            |                      |
|   |  |                            |                      |
| Enter new mailing address, if applicable:   |  |                            |                      |
| Mailing address MAY BE A POST OFFICE BOX  |  |                            |                      |
|   |  |                            | 262                  |
| 3. If amending the registered agent and/or registered office ad-                        | dress on our record                          | s, <u>enter the name</u> o | the new registered   |
| gent and/or the new registered office address here:                                     |  |                            | σ <u>Γ</u>           |
| Name of New Registered Agent:   |  |                            | PH 0                 |
| New Registered Office Address:  |  |                            | .5                   |
|   | Enter Florida stre                           | et address                 | 27                   |
|   | City   | , Florida                  |                      |
|   | City   | ž                          | Zup Code             |
| ew Registered Agent's Signature, if changing Registered Agent:                          |  |                            |                      |

## N

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

(4220003855913)

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  |
|--------------|---------------------------------|--------------------------------|-----------------|
| MGR          | Araya Villar, Bemardo Alejandro | 10775 NW 21ST STREET SUFFE 120 | ■ Add           |
|              |                                 | DORAL, FL 33172                | 🖸 Remove        |
|              |                                 |                                | Change          |
| MGR          | MGR Araujo, Gerardo E           | 10775 NW 21ST STREET SUITE 120 |                 |
|              |                                 | DORAL, FL 33172                | □Remove         |
|              |                                 |                                | ■ Change        |
| MGR          | Carnacho Carnacaro, Eloisa I    | 10775 NW 21ST STREET SUITE 120 | □Add            |
|              |                                 | DORAL, FL 33172                | □ Remove        |
|              |                                 |                                | ■ Change        |
| MGR          | Segovia, Alvaro J               | 10775 NW 21ST STREET SUITE 120 |                 |
|              | <del></del>                     | DORAL, FL 33172                | □Remove         |
|              |                                 |                                |                 |
| MGR          | Moreno, Wilfredo A              | 10775 NW 21ST STREET SUITE 120 | □Add            |
|              | DORAL, FL 33172                 | □Remove                        |                 |
|              |                                 |                                | <b>□</b> Change |
| <del></del>  |                                 |                                | □Add            |
|              |                                 |                                | □Remove         |
|              |                                 |                                | □ Change        |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
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| D. It amending any other military enser enange(s)  |
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| E. Effective date, if other than the date of filing:  (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)  Note: If the date inserted in this block does not meet the applicable statutory 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 31st 2022  |
|  |
| Signature of a member or althorized representative of a member   |
| GERARDO E ARAUJO   |

Filing Fee: \$25.00

Typed or printed name of signee