

12/15/22, 4:07 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L22000422543

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.

(((H22000422543 3)))



H220004225433ABCV

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:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)328-4774

SECRETARY OF STATE
 TALLAHASSEE, FL

2022 DEC 15 AM 11:25

FILED

****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
VICUNYA CAPITAL, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. BRUMBLEY

DEC 16 2022

Electronic Filing Menu

Corporate Filing Menu

Help

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: VICUNYA CAPITAL, LLC.

SECOND: The Florida Document number of the limited liability company is: L22000499059

THIRD: Document to be corrected is: ARTICLE V

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE INCORRECT EFFECTIVE DATE IS: 01/01/2023 AND THE CORRECT EFFECTIVE DATE IS: 12/22/2022.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

/s/ Enrique Canton Armengol
Signature of Authorized Representative

Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

SECRETARY OF STATE
TALLAHASSEE, FL

2022 DEC 15 AM 11:25

FILED