Florida Department of State Division of Corporations Electronic Filing Coved Sheet

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To:

Division of Corporations

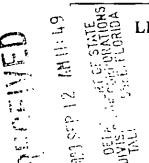
Fax Number : (850)617-6383

From:

Account Name : RUBEN TORO PA Account Number : I20220000108 Phone : (407)370-6445 Fax Number : (407)352-0568

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

Email Address: RUBENDTORUCPA @GHAIL. COH.



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTRALQUIPOS USA LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT. CENTRA	ALQUIPOS USA LLC		
3083601.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		RUBEN TORO	
	-	Name of Person	
		RUBEN TORO P.A.	
	Firm/Company		
	7901 }	KINGSPOINTE PKWY STES	31
		Address	
	OR	LANDO , FLORIDA 32819	
		City/State and Zip Code	
		nendtorocpa@gmail.com	(Heorian)
For further information c	e-mail address: (${\sf oncerning}$ this matter, please ${\sf c}$		meanon)
RUBEN TORO		at (407) 370-6445	5
Name o	f Person	at (407) 370-6445 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	<u>Street Address:</u> Registration So Division of Co	
Division of C P.O. Box 632		The Centre of	
Taliahassee, 1		2415 N. Monro	ne Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTRAL OBJECS USAILLO

OLIVIO	ALGON OO OON ELO	
(Name of the Limited Liability (A Florida l	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on 02/20/2023	and assigned
This amendment is submitted to amend the following:	-	
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sireet address	
	, Florid	is
	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 firther 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

H230003201053

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
AMBR	S, ANTIAGO MARULANDA BOTERO	1498 GRASSLAND AVE ST CLOUD, FL 34771	□Add
			Change
AMBR	SANTIAGO MARULANDA BOTERO	1498 GRASSLAND AVE ST CLOUD, FL 34771	🖾 Add
			□Remove
			Change
	***		□Add
			□Remove
			□ Change
			□Add
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			Change
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			□Remove
			Chance

Tective date, if other than the date of filing: (optional) an effective date is listed, the date must be specific and camout be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 other. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as becument's effective date on the Department of State's records. Tecord 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 is filed.					
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		fective date, but not an effectiv	ve time, at 12:01 a.m. o	n the earlier of: (b) The 90	th day after the
	ated 12, SEPTEMBER	2023			
Signature of a member of authorized representative of a member		Signature of a member or	ARULAUDA authorized representative of	Potcao.	

Filing Fee: \$25.00

Typed or printed name of signee
