## 173000138248

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations				
CUDIECT.	LA CAL	ETA USA LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.			
Please return all correspo	ondence concerning this matter	to the following:			
	CHR	ISTIAN V OSIADACZ RATTO			
		Name of Person			
LA CALETA USA LLC					
		Firm/Company			
		1510 NW 113TH TER			
		Address			
	E	PEMBROKE PINES, FL 33026		<b></b> .	
		City/State and Zip Code			
		hernandez@mpaccountax.com			
	E-mail address: (	to be used for future annual report no	otification)	(	
For further information of	oncerning this matter, please c	all:		-	
EDUARDO H	ERNANDEZ	786 at ( )	817-4114	· ·	
Name o	f Person	Area Code Dayt	ime Telephone Number	r	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is ent		
Mailing Addres		Street Address: Registration S	lection.		
Division of C		Division of C			
P.O. Box 632	.7	The Centre of	Tallahassee		
Tallahassee, l	FL 32314	2415 N. Moni	roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA CALETA USA LLC		
( <u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed on	03/17/2023	and assigned
Florida document number L23000138248		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>v here</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," t	he designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	~ 5
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	ك .
		=
		, ,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		က့
		. 2
3. If amending the registered agent and/or registered office address on ougent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ne of the new regist
Enter	Florida street address	
Cin	, Florida	Zin Cada
f and		Level 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
MGR	JOSEPH RAICH	8167 159TH CT	<b>≣</b> Add
		PALM BEACH GARDENS, FL 33418	□Remove
			(☐Change
			□Add
			☐ Change
			□Add
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	optional)
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.  Note: If the date inserted in this block does not meet the applicable statutory filing requirement	optional) safter filing.) Pursuant to 605.020 s. this date will not be listed a
ffective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.  Note: If the date inserted in this block does not meet the applicable statutory filing requirement	optional) safter filing.) Pursuant to 605,020 s. this date will not be listed a
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days.  Sote: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.	s, this date will not be listed a
ffective date, if other than the date of filing:  (a) 17/2023  (a) 23/17/2023  (a) 23/17/2023  (b) 3/17/2023  (c) 4/12/2023  (d) 5/12/2023  (e) 5/12/2023  (e) 6/12/2023  (f) 6/12/2023  (f) 6/12/2023  (f) 6/12/2023  (f) 7/12/2023  (f) 7/12/2023  (f) 6/12/2023  (f) 6/12/2023  (f) 6/12/2023  (f) 6/12/2023  (f) 6/12/2023  (f) 7/12/2023  (f) 6/12/2023  (f) 7/12/2023  (f) 7/12/2023  (f) 7/12/2023  (f) 6/12/2023  (f) 7/12/2023  (	s, this date will not be listed a
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Filing Fee: \$25.00