## L23000243688

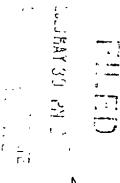
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

	gistration Se rision of Cor						
Na CONTRACTO	INVERSIO	NES EFE PRIMA CE LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		ANDRES BERNAL ZUL	UAGA				
			Name of Person				
			Firm/Company				
		3300 NE 191 ST IPH8					
			Address				
		MIAMI, FL 33180					
		JOVIEDO@EFEPRIMACI	City/State and Zip Code E.COM				
		E-mail address: (	to be used for future annual report no	otification)			
For further in	nformation c	oncerning this matter, please c	all:				
ANDRES B	ERNAL ZU	LUAGA	314 8348318 at()				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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)			
	iling Addres		Street Address: Registration S	ection			
Registration Section Division of Corporations		_	Division of Corporations				
P.C	). Box 632	7	The Centre of	Tallahassee			
Tal	lahassee, F	L 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

05/17/2023		
e filed on <u>05/17/2023</u>		_ and assigned
company here:		
		<u> </u>
ompany," the designation	on "LLC" or the abbre	eviation "L.L.C."
<u> </u>		
	<u>_</u>	
	;	<u> </u>
	: = .	
ess on our records,	enter the name	of the new regist
	<u></u> -	
Enter Florida stree	address	
	, Florida	Zip Code
City		Zip Code
	ess on our records,  Enter Florida stree.  City	ess on our records, enter the name of

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
			Remove
			□Change
			\ \ \ \ \ \_Add
		<del> </del>	
			□ Change
			□Remove
			Change
			□Add
			Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  CHANGING THE COMPANY NAME
-	CHANGING THE COMPANY NAME
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the record	d 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 ed.
Dated <sub>.</sub>	Signature of a prember or authorized representative of a member
	Clauch a PERL 7 Typed or printed name of signee

Filing Fee: \$25.00