Florida Department of Stat

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC Account Number : I20210000103

Phone : (786)615-3057 Fax Number : (786)615-3058

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

Email 1	Address:			
Elliatt	Audi Caa.		 	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ONES LA ROCH						
(Name of the Limite)	d Liability Compa A Florida Limited	ny as it now appea Liability Company)	is on our rec	or ds.)			
The Articles of Organization for this Limited Lia Florida document number <u>L23000274175</u>	bility Company	were filed on	06/07/2023		<u></u> and	i assig	,ned
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited ligh	ility company h	iere:				
N/A							
The new name must be distinguishable and contain the we	ords "Limited Linhi	lity Company," the	designation "l	.LC" or the	abbreviutic	m "L.L.	.C."
Enter new principal offices address, if applica	ble:	N/A					
(Principal office address MUST BE A STREE)							
Enter new mailing address, if applicable:		N/A					
(Mailing address MAY BE A POST OFFICE L	3 <i>0X</i>)						
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office s here: N/A	address on our	records, <u>en</u>	ter the <u>na</u>	me of th	환 2023 AUG	registere
Name of New Registered Agent:					1,7,7		
New Registered Office Address:		Enter F	lorida sireel ad	idress		<u> </u>	
		City		, Florida ,	- Zíp	9 de 7	
New Registered Agent's Signature, if changing I			is canacia:	I further	ogree to	comp	ly with th

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

Title	Name	Address	Type of Action
			DAdd
			□Remove
			□Change
			□Add
			ПЯсточе
			Change
			□Add
			□Remove
			Change
			DAdd
			Псточе
			□Change
			□Add
			☐Remové
			Change
			□Add
			Remove
			□ Change

	outstanding at any one time is:
	Paula A. Jimenez Baron (47 Units)
	Humberto Jimenes Castellanos (47 Units)
	Andre M. Jimenez Gutierrez (2 Units)
	Camilo H. Jimenez Baron (2 Units)
	Lucila Baron Silva (2 Units)
	100 UNITS AT (\$10.00) PER VALUE
(if an c Note:	(optional) (ive date, if other than the date of filing: (optional) (optional) (ive date, if other than the date of filing: (optional) (optional) (optional) (ive 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)(1) (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
if the reco	ard 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 filed.
Dated	AUGUST 11 2023
	Van la lander

Filing Fee: \$25.00