Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103

: (786)615-3057

Fax Number

: (786)615-3058

\*\*Enter the email address for this business entity to be used for future no mail address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES LA ROCHELA LLC

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$30.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<i></i>	ERSIONES LA I	ROCHELA LLC		
(Name of the Limi	ted Liability Come (A Florida Limited	pany as it now appears on I Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number				and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of N/A	the limited liai	bility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the designa	tion "LLC" or the abbr	eviation "I. I. C."
Enter new principal offices address, if applica		N/A	01 1110 1401	Printed D.E.C.
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE E	<u>30x)</u>	N/A		
				250
B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a here:	address on our record	s, enter (he name o	of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				!?
		Enter Florida stre	et address .	
			, Florida	
		Ciņ		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 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 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
AMBR	ANDRE M JIMENEZ GUTIERREZ	740 MICHIGAN AVE APT 7	
		MIAMI BEACH, FL 33139	■Remove
			Change
AMBR ANDRES M JIMENEZ GUTIERREZ	ANDRES M JIMENEZ GUTIERREZ	740 MICHIGAN AVE PAT 7	
	MIAMI BEACH, FL 33139	□Remove	
		Change	
		🗖 Add	
			□Remove
	_	Change	
	-		□ Add
		Remove	
			☐ Change
		·	DAd <b>d</b>
		□Remove	
		Change	
			□ Remove
			□Change

	The aggregate number of units of stocks and its value that this corporation is authorized to have outstanding at any one time is:
	Lucila Baron Silva (47 Units)
	Humberto Jimenoz Castellanos (47 Units)
	Paula A. Jimenez Baron (2 Units)
	Andres M. Jimenez Gutierrez (2 Units)
	Camilo H. Jimenez Baron (2 Units)
•	
-	
-	
-	
-	
*	
· <b>_</b>	
Note: 11	e date, if other than the date of filing:  tive 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)(b)  The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the offsetive date on the Department of State's records.
f the record : ecord is filed	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
Dated	Augus: 11 2023

Filing Fee: \$25.00