print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000395597 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DUAN D GARCIA PADRO PA

Account Number : I20230000025 Phone : (787)599-3735 Fax Number : (407)627-1697

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

SEMBIL Address: CSEPULVEDA @ ASIACAR, CL

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAN CRISTOBAL USA LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

NOV 18 2023 I TEMIENX

TO:

### **COVER LETTER**

|               | Registration Se<br>Division of Cor |                                           |                                                                   |                                                                                            |
|---------------|------------------------------------|-------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| CHDICA        |                                    | TOBAL USA LLC                             |                                                                   |                                                                                            |
| SUBJEC        | . 1;                               | Name of Lim                               | ited Liability Company                                            |                                                                                            |
| The enclo     | osed Articles of                   | Amendment and fee(s) are sub              | mitted for filing,                                                |                                                                                            |
| Please re     | turn all correspo                  | indence concerning this matter            | to the following:                                                 |                                                                                            |
|               |                                    | CRISTIAN SEPULVEDA                        |                                                                   |                                                                                            |
|               |                                    |                                           | Name of Person                                                    |                                                                                            |
|               |                                    | SAN CRISTOBAL USA L                       | LC                                                                |                                                                                            |
| Firm/Company  |                                    |                                           |                                                                   |                                                                                            |
|               |                                    | 1650 SAND LAKE ROAD                       | OSTE 105                                                          |                                                                                            |
|               |                                    |                                           | Address                                                           |                                                                                            |
|               |                                    | ORLANDO FL 32809                          |                                                                   |                                                                                            |
|               |                                    |                                           | City/State and Zip Code                                           | · · · · · · · · · · · · · · · · · · ·                                                      |
|               |                                    | juan@garciapadro.com                      | to be used for future annual report not                           | ification)                                                                                 |
| For furth     | er information c                   | oncerning this matter, please c           |                                                                   |                                                                                            |
| JUAN G        |                                    | • • • • • • • • • • • • • • • • • • •     | 407 7455587                                                       |                                                                                            |
|               | Name o                             | f Person                                  | at (                                                              | ne Telephone Number                                                                        |
|               | , value (7                         | 11 (130)1                                 | Mea Code Shyon                                                    | ie receptione rumoet                                                                       |
| Enclosed      | is a check for th                  | ne following amount:                      |                                                                   |                                                                                            |
| <b>Ş</b> 25.0 | 00 Filing Fee                      | S30.00 Filing Fee & Certificate of Status | S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|               | Mailing Addres Registration S      | Section                                   | Street Address:<br>Registration Se                                |                                                                                            |
|               | Division of C                      |                                           | Division of Co                                                    |                                                                                            |

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

#### Page: 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAN CRISTOBAL USA LLC                                                                                       |                                                        |                                                                 |                                        |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|
| (Name of the Lim                                                                                            | i <mark>ited Liability Com</mark><br>(A Florida Limite | pany as it now appears on our records.)<br>d Liability Company) | )                                      |
| he Articles of Organization for this Limited lorida document number L23000298380                            | Liability Compar                                       | ny were filed on <u>FL 06-21-2023</u>                           | and assigned                           |
| his amendment is submitted to amend the fo                                                                  | llowing:                                               |                                                                 |                                        |
| If amending name, enter the new name                                                                        | of the limited lis                                     | ability company here:                                           |                                        |
| N/A                                                                                                         |                                                        |                                                                 |                                        |
| he new name must be distinguishable and contain the                                                         | words "Limited Lia                                     | bility Company," the designation "LLC"                          | or the abbreviation "L.L.C."           |
| Enter new principal offices address, if applicable:                                                         |                                                        | N/A                                                             |                                        |
| Principal office address MUST BE A STRE                                                                     | ET ADDRESS)                                            |                                                                 |                                        |
| Enter new mailing address, if applicable:<br>Mailing address MAY BE A POST OFFICI                           | E BOX)                                                 | N/A                                                             | • _                                    |
| (muning university MAX BL AA OST OF FELL BOA)                                                               |                                                        |                                                                 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
|                                                                                                             |                                                        |                                                                 | <u>.</u><br>د .                        |
| <ol> <li>If amending the registered agent and/or<br/>igent and/or the new registered office addr</li> </ol> |                                                        | e address on our records, <u>enter th</u>                       | ne name of the new regis               |
| Name of New Registered Agent:                                                                               | N/A                                                    | <u> </u>                                                        | = -                                    |
| New Registered Office Address:                                                                              |                                                        |                                                                 | <b>∵.</b>                              |
|                                                                                                             |                                                        | Enter Florida street address                                    | .,,                                    |
|                                                                                                             |                                                        | T1                                                              |                                        |
|                                                                                                             |                                                        | , Flor                                                          | ida                                    |

### 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> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
| ·            | N/A         | N/A            | □Add           |
|              |             |                | □Remove        |
|              |             |                |                |
|              |             |                | □Add           |
|              |             |                | □Remove        |
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|              |             |                | □Remove        |
|              |             |                | Change         |
|              |             | ·              | □Add           |
|              |             |                | □Remove        |
|              |             |                | □ Change       |

|         | CURRENT OBJECT: FOR ANY AND ALL LEGAL BUSINESS IN THE USA                                                                                                                                              |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7       | THE CHANGE I NEED:                                                                                                                                                                                     |
| _       |                                                                                                                                                                                                        |
| 1       | Purchase and sale of new and used vehicles, as well as disassembly, rental, exhibition, marketing and                                                                                                  |
| s       | alvage of vehicles, new and used parts of new and used vehicles, as well as mobile homes, recreational                                                                                                 |
| `       | rehicles, trailers, boats, electronies, miscellaneous merchandise and any legal business in the US.                                                                                                    |
| -       |                                                                                                                                                                                                        |
| -       |                                                                                                                                                                                                        |
| -       |                                                                                                                                                                                                        |
| -       |                                                                                                                                                                                                        |
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| -       |                                                                                                                                                                                                        |
| -       |                                                                                                                                                                                                        |
| _       |                                                                                                                                                                                                        |
| _       |                                                                                                                                                                                                        |
|         | N. 15 2022                                                                                                                                                                                             |
| ffect   | ive date, if other than the date of filing:  (optional)  (ctive 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 605.02 |
| ote:    | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed agent's effective date on the Department of State's records.               |
|         |                                                                                                                                                                                                        |
| гесог   | 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                                                                           |
|         | ied.                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                        |
| f is fi | NOVEMBER 15 2023                                                                                                                                                                                       |

Filing Fee: \$25.00