

L23: 00 50.5. 1

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

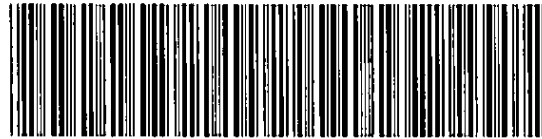
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

R. HUNT

09/20/23

COVER LETTER

TO: Registration Section
Division of Corporations
NATIVO COMPANY LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEMA BRAVO

Name of Person

ASESORIA MIGRATORIA USA LLC

Firm/Company

3505 LAKE LINDA DR SUITE 200

Address

ORLANDO, FL 32817

City/State and Zip Code

CRISTHIANFLORES@NATIVOCOMPANY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTHIAN E FLORES AGUIRRE

551 3420044

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NATIVO COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/22/2023 and assigned
Florida document number L23000300509.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3505 LAKE LYNDA DR SUITE 200

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32817

Enter new mailing address, if applicable:

3505 LAKE LYNDA DR SUITE 200

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32817

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

3505 LAKE LYNDA DR SUITE 200

Enter Florida street address

ORLANDO

City

Florida

32817

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 Changing Registered Agent, Signature of New Registered Agent

11 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

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGE OF ADDRESS FOR AMBR:

TITLE: AMBR CRISTHIAN E FLORES AGUIRRE

NEW ADDRESS: 3505 LAKE LYNDA DR. SUITE 200 ORLANDO, FL 32817

09/11/2023

E. Effective date, if other than the date of filing: _____ (optional)

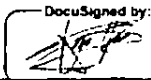
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 09 September, 2023

DocuSigned by:



Signature of a member or authorized representative of a member

Cristhian Flores A.

Typed or printed name of signer

Helmut A Ennisch Paredes
425 Lafayette Ave
Hawthorne, NJ 07506

September 11, 2023

The Partners of NATIVO COMPANY LLC

425 Lafayette Ave
Hawthorne, NJ 07506

RE: NOTICE OF WITHDRAWAL FROM PARTNERSHIP

This is to notify you that effective September 11 2023, I, Helmut A Ennisch Paredes, a partner of NATIVO COMPANY LLC, voluntarily withdraws and ceases to be a partner of NATIVO COMPANY LLC.

NATIVO COMPANY LLC is a partnership business established in accordance with the provisions of a written Partnership Agreement dated June 22, 2023.

The reasons for my withdrawal are as follows:

- I have decided that I no longer want to continue belonging to this LLC and business.