

L23000323743

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SECRETARY OF STATE  
TALLAHASSEE, FL

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Jerrold E. Slutzky, J.D., CFP®  
Attorney at Law

**Slutzky Law Firm**  
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Land O' Lakes, FL 34638  
(813) 909-1515

August 16, 2023

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

Re: Las Promesas LLC

To Whom It May Concern:

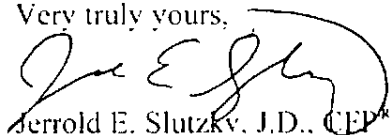
In connection with the aforesaid company, I have enclosed the duly signed Articles of Amendment to Articles of Organization for Florida Limited Liability Company.

I have also enclosed my check in the sum of \$30.00.

Please expedite the above Amendment to the Articles of Organization of the aforesaid company.

If you have any questions, or if anything else is required, please do not hesitate to call me.

Very truly yours,

  
Jerrold E. Slutzky, J.D., CFP®

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAS PROMESAS LLC  
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:

Jerrold E. Slutzky  
Name of Person

Slutzky Law Firm  
Firm/Company

853 Main Street, Suite A  
Address

Safety Harbor, FL 34695  
City/State and Zip Code

JerrysluLaw@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerrold E. Slutzky at ( 727 ) 475-6200  
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**

LAS PROMESAS 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 July 7, 2023 and assigned Florida document number L23000323743.

This amendment is submitted to amend the following:

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

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:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2023 AUG 21 PM 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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

**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>	<u>Type of Action</u>
MGR	Jenni L. Camacho, Co-Trustee	Jarg Family Rev. Lvg. Trust dtd 9/15/2022	<input type="checkbox"/> Add
		18906 Bascomb Lane	<input type="checkbox"/> Remove
		Hudson, FL 34667	<input checked="" type="checkbox"/> Change
MGR	Rafael Camacho, Co-Trustee,	Jarg Family Rev. Lvg. Trust dtd 9/15/2022	<input type="checkbox"/> Add
		18906 Bascomb Lane	<input type="checkbox"/> Remove
		Hudson, FL 34667	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This amendment is to show the name of each co-trustee of the Jarg Family Revocable Living Trust dated 9/15/2022 to serve as Managers.

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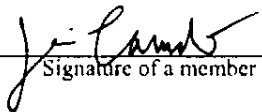
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 August 15, 2023.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jenni L. Camacho

\_\_\_\_\_  
Typed or printed name of signee