# L23000388187

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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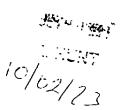
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Escudo 25, LLC				
Please Debit FCA000000003 For: 25				
Thank you Seth Neeley	<u></u>			
Step	<del></del> ,	Art of Inc. File	2023 00	C:4:3
	i	TD Partnership File	33	
		Foreign Corp. File	-2	835 735
		L.C. File		355
		Fictitious Name File	PM 12: 40	() () ()
		Trade/Service Mark	. <del>.</del>	` <u>;</u> .
	ļ	Merger File		•
		Art, of Amend. File		
		RA Resignation		
	1	Dissolution / Withdrawal		
		Annual Report / Reinstatement		
	1	Cert. Copy		
		Photo Copy		
	i	Certificate of Good Standing	<del></del>	
		Certificate of Status		
		Certificate of Fictitious Name		
		Corp Record Search		
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	· · · · · · · · · · · · · · · · · · ·	Fictitious Search		
Signature	<u> </u>	Fictitious Owner Search		
		Vehicle Search		
Dogwood hu		Driving Record		
Requested by: SETH	[	UCC 1 or 3 File		
Name Date Tin	ne —	UCC 11 Search UCC 11 Retrieval		
Walk-In Will Pick Up		Courier		

## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor				
CI ID IE	·CT.	Escud	o 25, LLC		
SUBJE	.cr:	Name of Lim	ited Liability Company		
The en	closed Articles of .	Amendment and fec(s) are sub	unitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
			Romy B. Jurado		
			Name of Person		
		Jur	rado & Associates, P.A.		202
			Firm/Company		<u> </u>
		e 850	2023 OCT -2		
			Address		
			Miami, FL 33161		PH 12: 40
			City/State and Zip Code		0 <del>1</del> :
			omy@juradolawfirm.com to be used for future annual report noti	6	
For fur	ther information co	oncerning this matter, please c	·	neation)	
Andre	ea Aristeiguieta		205 > 024 0070		
	Name of		at ( <u>305</u> ) <u>921-0976</u> Area Code Daytim	e Telephone Number	
Enclose	ed is a check for th	e following amount:			
<b>⊠</b> \$2:	5.00 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 Sta Certified Copy (additional copy is cr	tus &
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

Doc ID: 3ddc770c5673baf1c05e995e03636936bdb6a914

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ESCUDO 25, LLC		
( <u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company were filed on  Florida document numberL23000388187	08/17/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		211/15.7 2123 (
		<u> </u>
Enter new mailing address, if applicable:		- <del>2</del> 84
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		12: <b>4</b>
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the nam</u>	0 '
Name of New Registered Agent:		
New Registered Office Address:		
	ida 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 of provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in C	my duties, and I am fo	amiliar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
MGR	ESCUDERO, CARLOS A	GOLDA MEIR 180 APT 192 LAS CONDES	_ ⊠Add
		SANTIAGO, RM 75500-44 CL	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
AMBR	ESCUDERO, CARLOS A	GOLDA MEIR 180 APT 192 LAS CONDES	□Add
		SANTIAGO, RM 75500-44 CL	⊠Remove
			□Change
AMBR	DEL SOLAR, SILVIA	GOLDA MEIR 180 APT 192 LAS CONDES	□Add
		SANTIAGO, RM 75500-44 CL	⊠Remove
			_ □∰nger/Such .
			·····································
			_ □Remove
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			□Remove
			□Change

## Page 2 of 3

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	BIVISIO:
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	, ÷
Effective date, if other than the date of filing:  (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.	r of:
Dated	
Carlos A. Escudero	
Signature of a member or authorized representative of a member	
Carlos Escudero  Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

## ➤ Dropbox Sign

Audit trail

Title	Arti	culos	de Enmie	nda- C	arlos	Escu	idero
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File name Escudero- Articles of Amendment.pdf

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### **Document History**

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SIGNED	20:04:12 UTC	IP: 190.20.149.52
$\otimes$	09 / 29 / 2023	The document has been completed.

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