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A. RIVERS

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TO:	Registration Section
	Division of Corporations

CONGLOMERADO RAMIREZ CRUZ. 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:

MATTHEW AGRAMONTE, ESQ.

Name of Person

SMGQ LLP

Firm/Company

1200 BRICKELL AVENUE SUITE

Address

MIAMI, FL 33131

City/State and Zip Code

MAGRAMONTE@SMGQLAW.COM

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

For further information concerning this matter, please call:

 MATTHEW AGRAMONTE, ESQ.
 305
 377-1000

 Image: State 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 <u>Street Address:</u> 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

CONGLOMERADO RAMIREZ CRUZ, 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 SEPTEMBER 20, 2023 and assigned Florida document number 123000436563

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

480	NE	31st	Street

Apt. 4702

Miami, FL 33137

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

Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street ad	dress
		, 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

Title	Name	Address	Type of Action
P	ANTONIO TURBAY	480 NE 31st Street	🗆 Add
		APT. 4702	Remove
		MIAMI, FL 33137	□Change
MGRM	ANTONIO TURBAY	480 NE 31st Street	_ = Add
		APT. 4702	
		MIAMI. FL 33137	□Change
			🗆 Add
			🗆 Remove
			🗆 Change
	<u> </u>		🗆 Add
			🗆 Remove
			Change
			🗆 Add
			□Change
			🗆 Add
			🗆 Remove
			□Change

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

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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 OCTOBER 19	2023	
	Signature of a member or authorized representative of a member	
ANTONIO TURBAY	, ,	

Typed or printed name of signee