Note: Please 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.

(((H23000402624 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : RUBEN TORO PA Account Number : I20220000108

: (407)370-6445

: (407)352-0568 Fax Number

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

Email Address: RUBEN DTORO CPA Q GHAIL COH.

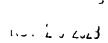
# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CANVAS PRODUCCIONES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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### **COVER LETTER**

(H230004026243)

TO:	Regutration Se Division of Cor					
erin re		PRODUCCIONES LLC.				
SUBJE	CI:	Name of Limited Liability Company				
The enc	losed Articles.of	Amendment and fee(s) are sub-	mitted for filing.			
Picase r	etum all correspo	ndence concerning this matter	to the following:			
			RUBEN TORO			
			Name of Person	<del></del>		
RUBEN TÖRO P.A						
			Firm/Company	<del></del>		
		7901	KINGSPOINTE PKWY STE 31			
			Address			
(			RLANDO, FLORIDA 32819			
			City/State and Zip Code			
			rubendtorocpa@gmail.com to be used for future annual report notific	netion\		
For furt	her information c	oncerning this matter, please ca	-	atoti		
RUBEN TORO		_	407 370-6445 at ( )	•		
Name of Person		f Person		Telephone Number		
Enclose	d is a check for th	ne following.amount:				
<b>3</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration Sect	ion		

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

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

# (H230004026243)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	= .	DUCCIONES LLC	
(Name of the Lim	ted Liability Comp. (A Florida Limited	ny as it now appears on our records. Liability Company)	5
he Articles of Organization for this Limited I lorida document number	Liability Company	were filed on10/27/2023	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli Principal office address MUST BE A STREA			28,51
		7901 KINGSPOINTE PKWY S	TE 31
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ORLANDO, FL 32819	<u> </u>
			<del></del> <del>S</del>
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter t</u>	he name of the new regi
Name of New Registered Agent:	RUBEN TORO P.A.		
New Registered Office Address:	7901 KINGSP	OINTE PKWY STE 31	
	ORLANDO	Enter Florida street addr <del>é</del> ss	37819
	ORLANDO	, Flor	rida 32819 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 Register of Agent, Signature of New Registered Agent

Nov/22/2023 12:15:38 PM

Ruben Toro PA 0

(H230004026275)

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
Member	JULIETA PAGANINI	1317 EDGEWATER DR. #4300	<b>₩</b> Aḋd
		ORLANDO, FL 32804	□Remôvê
			□ Change
<del></del>			□Add
			Remove
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			□Add
			□ Remove
			□ Change
			CJAdd
			□Remove
			□ Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) i. 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 505,0207 (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. f 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 ecord is filed. Dated \_\_\_\_\_NOVEMBER, 22 2023 Signature of a member or authorized representative of a member SERGIO DE PINDOLA Typod or printed name of signee

1