

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : USA GESTIONES, LLC
Account Number : I20230000016
Phone : (305)965-6948
Fax Number : (305)508-6375

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

Email Address: empresas@usagestiones.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANFLSCH INVESTMENT, LLC

Certificate of Status	0
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Corporate Filing Menu

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K. SALY

DEC - 2 2024

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

ANFLSCH INVESTMENT, LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/19/2024 and assigned
Florida document number L24000128656.

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) _____

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Maria D Liebana Mengibar	990 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		STE 501	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
AMBR	Antonio Fernandez Liebana	990 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		STE 501	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
AMBR	Ana Fernandez Liebana	990 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		STE 501	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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