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.

(((H24000235868 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

From:

Account Name : VITERI FINANACIAL CORPORATION

Account Number : I20180000091

Phone : (786)390-6735

Fax Number : (305)675-7799

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

xavier@viterifinancial.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRILOGIA DEL BIERZO LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

JUL 15 2024

Registration Section

To:

TO:

(((H24000235868 3)))

COVER LETTER

Division of	Corporations							
	GIA DEL BIERZO LLC							
SUBJECT:	VBJECT:							
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.						
Please return all corr	espondence concerning this matter	to the following:						
	Xavier Viteri							
		Name of Person						
	Viteri Financial Corporation							
	Firm/Company							
	6721 SW 69 Terrace							
	Address							
	Miami, FL 33143							
		City/State and Zip Code						
	xavier@viterifinancial.com							
	L-mail address.	to be used for future annual report not	ification)					
For further informati	on concerning this matter, please o	all:						
Xavier Viteri		786 262-1237						
Nai	ne of Person	at ()	oc Telephone Number					
Enclosed is a check t	or the following amount:							
■ \$25,00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)					
Division of P.O. Box	on Section of Corporations	StreetAddress: Registration Se Division of Co The Centre of 'I 2415 N. Monro Tallahassee, Fl	rporations Fallahassee be Street, Suite 810					

To:

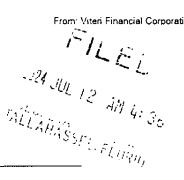
2024-07-12 14:58:33 GMT

13056757799

From: Viteri Financial Corporation

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H24000235868 3)))



TRILOGIA DEL BIERZO LLO (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 $\frac{06/19/2024}{1}$ _____ and assigned Florida document number <u>L24000278025</u> 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) 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

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

__. Florida ____

(((H24000235868 3)))

13056757799

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

Page: 5 of 6

Title	<u>Name</u>	Address	Type of Action
MGR	VISPO LLC	16192 COASTAL HWY	□Add
			□Remove
		LEWES, DE 19958	_ 🗏 Change
			□ Add
			□Remove
			Tradd T
		Remove T	
			OChange OChange OChange OChange
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change

To:

(((H24000235868 3)))

13056757799

_ -			·	
				
_				<u> </u>
		- + + 1 - 1 - 1		
	·			<u> </u>
		· 	· · · · · · · · · · · · · · · · · · ·	Fig. 1
				10 H + 30
				300
			· · · · · · · · · · · · · · · · · · ·	
		1		
··		**		
				
	-	·		
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the content of the co	inust be specific and cannot be a is block does not meet the ap	prior to date of filing or opticable statutory fil	(option more than 90 days after ing requirements, this	filing.) Pursuant to 605,0207 (3)
	ective date, but not an effecti	ve time, at 12 01 a m	on the earlier of (b)). The 94th day after the
the record specifies a delayed effect of the stilled Dated	. 2024	·		
cord is filed	Signature of a member or	nser Ofters - Reg	istered Agent	