

L24 000 393 965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

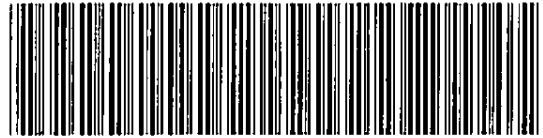
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CIVIL JUSTICE CLERK
COURT OF APPEALS
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations
Amazonica Westland 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:

Daniel Londono

Name of Person

Amazonica Westland LLC

Firm/Company

9300 Biscayne Blvd

Address

Miami / Florida 33138

City/State and Zip Code

daniel@amazonicaofficial.com

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

For further information concerning this matter, please call:

Daniel Londono +1 786-498-865

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address:

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**

Amazonica Westland 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 9/10/2024 and assigned
Florida document number 99-4860605.

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)

9300 Biscayne Blvd

Miami Shores FL 33138

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:

DANIEL LONDONO ROBLES

New Registered Office Address:

9300 Biscayne Blvd

Enter Florida street address

Miami Shores

Florida 33138

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|---|--|
| MGR | DANIEL LONDONO ROBLES | 9300 Biscayne Blvd Miami Shores FL 33138 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | 4 you LLC | | <input type="checkbox"/> Add |
| | | 425 Grapetree dr unit 210 Key Biscayne FL 33149 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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

Add Fictitious name of "AMAZONICA"

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

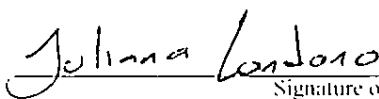
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

December 3

2024

Dated _____



Signature of a member or authorized representative of a member

Juliana Londono Robles

Typed or printed name of signee

Florida

TEMPORARY
DRIVER LICENSE

USA

CLASS E

MODAL L535-420-91-950-0

LONDONO ROBLES
JULIANA
425 GRAPETREE DR
KEY BISCAYNE FL 33149

DOB 12/10/1991 SEX F
EXP 04/10/2028 HGT 5' 03"
REST NONE END NONE

ISS 04/10/2024

SDD S052404100293

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.

