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Special Instructions to Fil	ing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
SUBJECT: LOS		INTERSUNKS	uc
	Name of Lim	tited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	Č	· ·	
	FERNANDA	A BERTONE	
		A BARTON E  Name of Person	
	100 000	an - in WEAC.	
	105 CARSA	AVES INVERSO	WES ILL
	323 5 6151	AVE STE C	<u> </u>
		Address	
	Harywood	FLOKIDA 33 City/State and Zip Code	020
	(100°)	City/State and Zip Code	
	MATIAS (BME	JACLOUNTING. to be used for future annual report noti	COM
	E-mail-address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please c	all:	
MATINE MO.	Jam DCKY	954 505	3719
Name of	f Person	at (959) 505 - Area Code Daytim	ne Telephone Number
The state of the s	45 18		
Enclosed is a check for th			
<b>♥</b> \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is circlosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S	Section	Registration Se	
Division of C		Division of Co	•
P.O. Box 632 Tallahassee, I		The Centre of 1 2415 N. Monro	i allanassee e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E11 ....

LOS CARDALES 1	NVERSIONES UC	I I have D
(Name of the Limited (A	Liability Company as it now appears on o Florida Limited Liability Company)	ur records.)2024 DEC -2 PH 1: 12
The Articles of Organization for this Limited Liab	ility Company were filed on 9//2	2/2024 in and assigned E
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regingent and/or the new registered office address because in the new registered office address because in the new registered office address because in the new registered of the		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida su	veet address
		, Florida Zip Code
	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 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>	Address	Type of Action
MGR	BERTONE, JUAN PABLO	323 S USI WE STEC	_ EAdd
		HOLLYWOOD FLORIDA 33020	□Remove
			Change
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