

8/17/23, 9:30 AM

Division of Corporations

M2300003573

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICANA LIBERTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2023 AUG 17 PM 12:00

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

2023 AUG 17 AM 11:13

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AUG 19 2023

K. Brumley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT -BUSINESS IN FLORIDA-

SECTION I (1-4 must be completed)

See attached Exhibit A

1. Name of limited liability Company as it appears on the records of the Florida Department of State: AMERICANA LIBERTY LLC

Enter new principal office address, if applicable:

1515 SE 17th St

(Principal office address
MUST BE A STREET ADDRESS)

Suite 121/#460236Fort Lauderdale, FL 33346

Enter new mailing address, if applicable:

1515 SE 17th St

(Mailing address
MAY BE A POST OFFICE BOX)

Suite 121/#460236Fort Lauderdale, FL 33346

2. The Florida document number of this limited liability company is: M23000003573

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/20/2023

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and or registered officer 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

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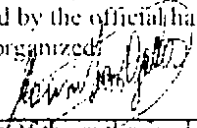
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

See attached Exhibit A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized:


Signature of the authorized representative

Maximiliano Ojeda

Typed or printed name of signee

Filing Fee: \$25.00

Exhibit A

The Authorized Person of the Company remains the same, and their address is amended to the following:

Title MGR

OJEDA, MAXIMILIANO
1515 SE 17th St
Suite 121/#460236
Fort Lauderdale, FL 33346