

8/17/2021

Division of Corporations

L14000151212

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H21000310171 3)))



H210003101713ABCQ

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 : H & R TAX ADVISORS LLC
Account Number : I20200000057
Phone : (786)857-6652
Fax Number : (786)204-3320

2021 AUG 18 AM 11: 04
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: jannett@hrtaxadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INVERSIONES FAROMAR, LLC

2021 AUG 18 AM 9: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

BB
8/19/21

COVER LETTER

((H21000310171 3))

TO: Registration Section
Division of Corporations

SUBJECT: INVERSIONES FAROMAR, LLC
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:

Jannett Rodriguez
Name of Person
H&R Tax Advisors LLC
Firm/Company
12741 SW 38th TER
Address
Miami FL 33175
City/State and Zip Code
jannett@hrtaxadvisors.com
E-mail address: (to be used for future annual report notification)

FILED
2021 AUG 18 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Jannett Rodriguez
Name of Person at (786) 3279301
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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

((H21000310171 3)))

INVERSIONES FAROMAR, 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 9/26/2014 and assigned Florida document number L14000151212

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Not applicable

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:

Not applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Not 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:

Not applicable

New Registered Office Address:

Enter Florida street address

City, Florida 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

((H21000310171 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H21000310171 3))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOSE E. HUERTA	12741 SW 38TH TER, MIAMI, FL 33175	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000310171 3))

((H21000310171 3))

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

Not applicable.

Multiple horizontal lines for amending information.

2021 AUG 18 AM 11:04 FILED SEC. OF STATE FLORIDA

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.

Dated August 16, 2021

Rosa Maria Coccia de Mililli

Rosa Maria Coccia de Mililli (Aug 16, 2021 13:43 EDT)

Signature of a member or authorized representative of a member

ROSA M. COCCIA DE MILILLI

Typed or printed name of signer

Filing Fee: \$25.00

((H21000310171 3))