

L22000380423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

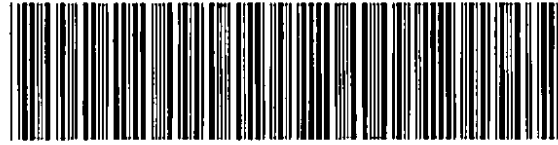
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OCT - 6 2022

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FILED  
2022 OCT -6 AM 9:35:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AM 9:47

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MDE GASTRO 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:

JUAN R. HERRERA-MEJIA

\_\_\_\_\_  
Name of Person

MDE GASTRO LLC

\_\_\_\_\_  
Firm/Company

400 SUNNY ISLES BLVD APT 1604

\_\_\_\_\_  
Address

SUNNY ISLES BEACH, FL 33160

\_\_\_\_\_  
City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET

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

For further information concerning this matter, please call:

JUAN R. HERRERA-MEJIA

866 296-1833  
at ( )

\_\_\_\_\_  
Name of Person

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**

**FILED**

2022 OCT -6 AM 10: 07

MDE GASTRO LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/02/2022 and assigned  
Florida document number L22000380423.

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)**

**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*

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

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>
AMBR	JHR Capital Investments LLC	400 Sunny Isles Blvd APT 1604	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SBR Capital Investments LLC	400 Sunny Isles Blvd APT 1604	<input checked="" type="checkbox"/> Add
		Sunny Isles Beach, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AC Food Industry Consulting LLC	3500 Mystic Point Dr Apt 3302	<input checked="" type="checkbox"/> Add
		Aventura FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Inverbosques Capital LLC	7500 NW 25th ST Suite 237	<input checked="" type="checkbox"/> Add
		Doral, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nativa Holding LLC	7500 NW 25th ST Suite 237	<input checked="" type="checkbox"/> Add
		Doral, FL 33122	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tres-E Global LLC	630 Almeria Avenue	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jamaes Investments LLC	2600 South Douglas Road STE 913	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Monica Vesquez-Fierro	400 SUNNY ISLES BLVD APT 1604	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<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

[illegible]

(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)

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.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JUAN LUCASO H

Typed or printed name of signee

**Filing Fee: \$25.00**