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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : 120140000065 Phone

Fax Number

: (305)371-5758

: (305)371-3178

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A.M.O. INVESTMENTS, LLC

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COVER LETTER

| TO: | Registration S Division of Co | Section orporations | | |
|--------------|--|---|--|---|
| SUBJEC | A.M.O. I | NVESTMENTS, LLC | | |
| JODVEC. | · • · · · · · · · · · · · · · · · · · · | Name of Lit | nited Liability Company | |
| The enclo | osed Articles o | f Amendment and fee(s) are su | bmitted for filing. | |
| | | ondence concerning this matter | | |
| | | MARK M. HASNER | | |
| | | 41-10 | Name of Person | |
| | | THERREL BAISDEN, LI | LP | |
| | | - | Firm/Company | |
| | | 1 SE 3RD AVENUE, SUI | TE 2950 | |
| | | | Address | |
| | | MIAMI, FL 33131 | | |
| | | MHASNER@THERRELB | City/State and Zip Code AISDEN.COM | |
| | | E-mail address: | to be used for future annual report no | otification) |
| For further | r information o | concerning this matter, please o | all: | |
| MARK M | . HASNER | | 305 371-5758 | |
| | Name o | f Person | | me Telephone Number |
| Enclosed is | s a check for t | he following amount: | | |
| \$25.00 |) Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| R D P. | Initing Addresses segments of Control of Con | Section forporations 7 | Street Address: Registration S Division of Co The Centre of 2415 N. Monr | orporations |

Tallahassee, FL 32303

Fax: (850) 617-6383

Page: 3 of 5 II 10/02/2023 4:25 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A.M.O. INVESTMENTS, LLC | | | |
|--|---|-----------------------------|---------------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Li | Company as It now app inited Liability Company | ears on our records.) y) | |
| ne Articles of Organization for this Limited Liability Corrorida document number L05000026680 | npany were filed on | | and assigned |
| nis amendment is submitted to amend the following: | | | |
| If amending name, enter the new name of the limited | d liability company | here: | |
| e new name must be distinguishable and contain the words "Limited | Liability Company," the | e designation "LLC" or the | abbreviation "L.L.C." |
| iter new principal offices address, if applicable: | | ···· | 267 |
| rincipal office address MUST BE A STREET ADDRES | <u>SS)</u> | | |
| | | | . 1 |
| | | | ; 3 |
| ter new mailing address, if applicable: | | | |
| ailing address MAY BE A POST OFFICE BON) | | | <u> </u> |
| | | | UΊ |
| If amending the registered agent and/or registered of ent and/or the new registered office address here: | ffice address on our | records, enter the na | me of the new registe |
| Name of New Registered Agent: | | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | | |
| | Enter F | lorida street address | |
| | | Florida _ | |
| | Ciry | | Zip Code |
| v Registered Agent's Signature, if changing Registered Ag | gent: | | |
| New Registered Office Address: Enter Florida street address Flor | | | Zip Code |

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

From: Haryshell Miranda Fax: 13059612860 To: Fax: (850) 617-6383 Page: 4 of 5 C 10/02/2023 4:25 PM

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 |
|--------------|------------------------|---------------------|----------------|
| MGRM | AURELIO GONZALEZ AJR | 501 SW 27 ROAD | □Add |
| | | MIAMI, FL 33129 | |
| | | | □Change |
| 0 | OLGA C. GONZALEZ-ALEJO | 4225 BAY POINT ROAD | □Λdd |
| | | MIAMI, FL 33137 | |
| | | | □ Change |
| MGR | OLGA C. GONZALEZ-ALEJO | 4225 BAY POINT ROAD | |
| | | MIAMI, FL 33137 | 🗀 Remove |
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| fective date, if othe | r than the date of | filing: | | Inntio | ual) |
| n effective date is listed, | the date must be speci | ific and cannot be pri | or to date of tiling or | nore than 90 days after t | nal) iling.) Pursuant to 605.02 |
| cument's effective da | te on the Departme | nt of State's record | icable statutory itt ls. | ng requirements, this | date will not be listed |
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| ecord specifies a delay | yed effective date, b | ut not an effective | time, at 12:01 a.m. | on the earlier of: (b) | The 90th day after th |
| is filed. | | | | | |
| October 2 | | 2023 | | | |
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| | / | | * | | |
| | Signatur | e of a member or and | porized representativ | c of a member | |
| | | | | | |