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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PETER MATHISON LLC

Account Number : I20210000152 Phone

: (305)520-9343

Fax Number

: (786)705-2040

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

mail Addrocc:	
mail Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BIZALIA LATAM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 22 2021

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#### Oct 21, 2021 12:45 (UTC-03) From: +17867052040 (TU CONTADOR EN MIAMI)

#### **COVER LETTER**

TO: Registration Se Division of Cor			
OHBIPAR		LIA LATAM LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	F	ERNANDO VILLARREAL	
		Name of Person	
		PETER MATHISON LLC	
		Firm/Company	
	800	SE 4TH AVENUE, SUITE 139	·
		Address	
	1	HALLANDALE, FL 33009	
		City/State and Zip Code	<del> </del>
		PTUCONTADORENMIAMLCO to be used for future annual report no	
For further information of	oncerning this matter, please o		onication)
			520 0242
FERNANDO V		at ()	520-9343 ime Telephone Number
Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration S	Section
Registration 9 Division of C		Division of C	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

9

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +17867052040 (TU CONTADOR EN MIAMI)

	BIZALIA LATAM LLC		- S 9
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	on our records.)	21
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on	05/11/2020	and assigned
	<del></del> ·		·
This amendment is submitted to amend the following	· ·		
A. If amending name, <u>enter the new name of the l</u>	imited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words	Limited Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or registo agent and/or the new registered office address her		cords, enter the nam	e of the new regis
Name of New Registered Agent:	PETER MA	ATHISON LLC	
New Registered Office Address:	800 SE 4TH AV	'ENUE, SUITE 139	
	Enter Flori	da street address	
	HALLANDALE	, Florida	33009
	City		Zip Code

#### New Registered Agent's Signature, if changing Registered Agent:

Thereby 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

Oct 21, 2021-12:45 (UTC-03)

<u>Title</u>	Name	Address	Type of Action
AMBR	ALARCON DIAZ,SEBASTIAN A	1946 TYLER ST	<b>≣</b> Add
		HOLLYWOOD, FL 33020	□Remove
			Change
			□Add
			□Remove
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lf an effective <u>Note:</u> If th	e date is listed, the date must be specific e date inserted in this block does is effective date on the Department	e and cannot be prior to dat not meet the applicable:	e of filing or more than 90 days a	ifter filing.) Pursuant to 605.	.0207 ed as
e record spo rd is filed.	ecifies a delayed effective date, bu	t not an effective time, a	t 12:01 a.m. on the earlier of	(b) The 90th day after	r the
Dated	OCTOBER 20TH	2021			
-	Signature	RIVAS P	4BLO representative of a member		
	o, gnature	RIVAS MARIN, I			

Filing Fee: \$25.00