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DocuSign Envelope ID: 09922F7A-2D86-4AFA-888B-1298D74214CC COVER LETTER TO: **Registration Section Division of Corporations** APARICIO PASCUAL ASOCIADOS, LLC. SUBJECT: __ 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: SANDRA MARCELA GOMEZ Name of Person A&G ACCOUNTING AND FINANCIAL SERVICES LLC Firm/Company 1200 ANASTASIA AV SUITE 412 Address Coral Gables Fl 33134 City/State and Zip Code m.gomez@agaccountservice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 838 7062 786 Sandra Marcela Gomez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$30.00 Filing Fee & Certificate of Status ☐ \$60.00 Filing Fee, ☐ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

DocuSign Envelope ID: 09922F7A-2D86-4AFA-888B-1298D74214CC ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears of during Conds) All 1: 44

(A Florida Limited Liability Company)

APARICIO PASCUAL ASOCIADOS, LLC.

The Articles of Organization for this Limited L	iability Company	were filed on	2020	and assigned
Florida document numberL20000153103		 	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the foll				
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designati	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1200 ANASTASIA AV SUITE 412		
		CORAL GABLES FL 33134		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1200 ANASTASIA AV SUITE 412		
		CORAL GABLES FL 33134		
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:	address on our records MINGUEZ, MONICA	s, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	1200 Anast	1200 Anastasia Av suite 412		
New Registered Office Address:	Enter Florida street address			
	Coral Gables		Florida 33134	
	<u> </u>	City	, 11011da	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as j registered office	performance of my did provided for in Chapte	ities, and I am far er 605, F.S. Or, if	niliar with and this document is
		MONCA PASCU	al Domingue	E

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If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 09922F7A-2D86-4AFA-888B-1298D74214CC
11 amenuing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added

• or removed from our records:

MGR =	Manager	
AMRR =	Authorized	Member

<u>Name</u>

MÓNICA PASCUAL DOMINGUEZ

<u>Title</u>

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. Effective date, if other than the	04/05/2021 date of filing: (optional)
(If an effective date is listed, the date mus	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ock does not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective ecord is filed.	re date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
MIAMI FL APRIL 5 Dated	2021
M	ON (I PIS (VIL DOMINGUE) Signature of a member or authorized representative of a member
	"Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee