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| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section Division of Corporations

| SUBJECT: | ESAR MAR | LIANO FUNE | S LLC |
|---|--|--|--|
| | Name of Emi | nea Elability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | | . 1440 | |
| | <u> </u> | Name of Person | TUMES |
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| | | Firm/Company | |
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| | MIAN | TL 331 City/State and Zip Code | 37 |
| | HAITO 200 | City/State and Zip Code City/State and Zip Code to be used for future annual report no | 2 o M tification) |
| For further information | concerning this matter, please ca | all: | |
| MARIA | 440 | at (310) 93 | 16-4356 |
| Name (| of Person | Area Code Daytii | me Telephone Number |
| Enclosed is a check for t | _ | | |
| \$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 Addre Registration Division of O P.O. Box 63 Tallahassee, | Section Corporations 27 | Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F | orporations Tallahassee oe Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GESAR MARIANO FUNES LLC

| (Name of the Limited (A | Liability Company as it Florida Limited Liability | now appears on our Company) | records.) | |
|---|---|--------------------------------|----------------------|----------------|
| The Articles of Organization for this Limited Liabs | ility Company were f | iled on | 4/2022 | and assigned |
| This amendment is submitted to amend the following | ing: | | | |
| A. If amending name, enter the new name of the | e limited liability co | ompany here: | | |
| CESAR MARIANO F | FUHES . | LLC | | |
| The new name must be distinguishable and contain the word | | | "LLC" or the abbrevi | ation "L.L.C." |
| Enter new principal offices address, if applicable | le: | | | |
| (Principal office address MUST BE A STREET A | <u> 4DDRESS)</u> | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u></u> | • | 91 50 54 | 25 |
| B. If amending the registered agent and/or registered office address b | <u>iere</u> : | | 53 | 2. |
| Name of New Registered Agent: | CESAR | MARIAND | FUNES | |
| New Registered Office Address: | CESAR 660 NE | 32 MD | STREET | # 2807 |
| | | Paties Lagrand 20, cc. | , Florida3_4 | • |

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 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 |
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| | er than the date of filing: | F | | iling.) Pursuant to 605 |
| | ed in this block does not meet the a ate on the Department of State's rec | | ig requirements, this | date will not be list |
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| d specifies a del | yed effective date, but not an effect | ive time, at 12:01 a.m. | on the earlier of: (b) | The 90th day afte |
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| ed. JANI | ARY 10 4 20 Signature of a member or | | | |