## Florida Department of State. Division of Corporations Division of Corporations Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:\_\_

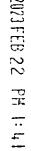
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASCADE VENTURES HIDDEN FOREST LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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MAR 0 6 2023



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CASCADE VEN   | TURES HIDDEN FOREST LLC   |                                |
|---|---|--------------------------------|
| (Name of the Limited Liability (A Fiorida Li                        | Company as it now appears on our record innied Liability Company) | <u>5.</u> )                    |
| The Articles of Organization for this Limited Liability Con         | npany were filed on 05/27/2022                                    | and assigned                   |
| Florida document number 1.22000231656                               |   |                                |
| This amendment is submitted to amend the following:                 |   |                                |
| A. If amending name, enter the new name of the limited              | d liability company here:   |                                |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC                        | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                 |   | <del></del>                    |
| (Principal office address MUST BE A STREET ADDRE,                   | <u></u>   |                                |
|   |   |                                |
| Enter new mailing address, if applicable:                           |   |                                |
| (Mailing address MAY BE A POST OFFICE BON)                          |   |                                |
|   |   |                                |
| B. If amending the registered agent and/or registered o             | office address on our records enter                               | the name of the newscoistered  |
| agent and/or the new registered office address here:                | mice address on our records: emer                                 | <del>-1</del> 1                |
|   |   |                                |
| Name of New Registered Agent:                                       |   | 22                             |
| New Registered Office Address:                                      |   |                                |
| New Neglocited Office Address.                                      | Enter Florida street addres                                       | ·                              |
|   |   | orida                          |
| <del></del>   | 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 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 |
|--------------|-----------------------------|---------------------------------------|----------------|
| MGR          | Cascade Ventures S.A.       | 3821 Avalon Park East Blvd.           | LIAdd          |
|              |                             | Orlando, FL 32828                     | ≡Remove        |
|              |                             |                                       | DChange        |
| P/S          | Maria Paula Garcia Frisneda | 3821 Avalon Park Hast Blvd., Apt. 410 | Add            |
|              |                             | Otlando, FL 32828                     |                |
|              |                             |                                       | LJChange       |
| \P<br>       | Gloria Frisneda Lopez       | 3821 Avalon Park East Blvd., Apt. 410 | Add            |
|              |                             | Orlando, FL 32828                     | CRemove        |
|              |                             |                                       |                |
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|---|------------------------|--|--|--------------|
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