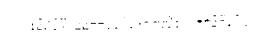


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COVER LETTER

· TO:

	Registration Division of C	i Section Corporations		# 2 P	
oun m	.PONC	ECAT MANDARIN, LLC	:	F .	
SUBJEC	CT:	Name of Lit	nited Liability Company		
The encl	osed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please re	eturn all corre	spondence concerning this matte	r to the following:		
			PATRICIA VALLEJO		
			Name of Person	-	_
		PC	ONCECAT MANDARIN, LLC		
			Firm/Company		-
		2990 F	ONCE DE LEON BLVD., STE. 500		2022 DEC
			Address		
		(CORAL GABLES, FL 33134		
			City/State and Zip Code		()
		PVA	LLEJO@AJPVENTURES.COM		: :::: ਤ
		E-mail address:	(to be used for future annual report notific	ation)	
For furth	er informatio	on concerning this matter, please	call:		77
PATRI	CIA VALLE	CIO	305 448-2330 at (
	Nan	ne of Person	Area Code Daytime	Celephone Numbe	r
Enclosed	f is a check fo	or the following amount:			
□ \$ 25.	.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
	Mailing Add Registration		<u>Street Address:</u> Registration Sect		
		f Corporations	Division of Corpo		
	P.O. Box 6	e, FL 32314	The Centre of Ta 2415 N. Monroc		310

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PONCECAT MAN	NDARIN, LL	C			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now app	ears on our records.)			
The Articles of Organization for this Limited Liability Company we lorida document number 1.22000415487			;	and assig	gned
his amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company	here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," th	e designation "LLC" or	the abbrevia	ntion "L.L	.C."
Enter new principal offices address, if applicable:		<u> </u>	 _		
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	202	
_			<u>,=</u> 8)?! DE	:
			- '	1	7.
Inter new mailing address, if applicable:			٠	7	
Mailing address MAY BE A POST OFFICE BOX)				::	
nuturing address MAT DE ATOST OFFICE BOXY			- :	- []	-,-
-	<u> </u>	_		7	
3. If amending the registered agent and/or registered office ade gent and/or the new registered office address here:	dress on oui	r records, <u>enter the</u>	name of	the new	<u>regist</u>
Name of New Registered Agent:		_			
New Registered Office Address:	Enter F	Florida street address			
		, Florid	la		
	City	,	Zi	p 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 Changing Registered Agent, Signature of New Registered Agent

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	JUAN C. MAS	2990 PONCE DE LEON BLVD., # 500	= Add
		CORAL GABLES, FL 33134	□Remove
			□ Change
MGR	ALBERTO J. PEREZ	2990 PONCE DE LEON BLVD., # 500	= Add
		CORAL GABLES, FL 33134	□Remove
			□Change
MGR	PONCE CAT, LLC	2990 PONCE DE LEON BLVD #500	□Add
		CORAL GABLES, FL 33134	≣Remove
			□Add
			Remove 922 D Change.
			1
			□ □ Add □ □ □ Remove
			□Change
			□Add
			Remove
			□ Change

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	<u>. ω</u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or mor Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	(optional) te than 90 days after filing.) Pursuant to 605. requirements, this date will not be liste
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	n the earlier of: (b) The 90th day after
Dated OCTOBER 24 2022	
	,
Signature of a member or authorized representative of	f a member

Filing Fee: \$25.00