5/30/23, 4:58 PM

Division of Corporations

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.

(((H23000196793 3)))



H230001967933ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H & CO, LLP Account Number : 120150000089

Phone : (305)444-8800 Fax Number : (305)444-4010

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

Email Address: ___cayon@hco.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRES AGAVES LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

S. ROBERTS

JUN - 1 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TRES AGAVES LLC | | |
|--|--|--|
| (Name of the Limited Liab (A Flori | ility Company as it now appears on our records. da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on 11/10/2022 | and assigned |
| Florida document number L22000481537 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | 207 |
| | | - De Paris de la Carte de la C |
| | | : |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | • |
| | | <i>i</i> ; |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- | istered office address on our records, dress here: | enter the name of the ne- |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | |
| | 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 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> | Name | Address | Type of Action |
|--------------|--|---|----------------|
| MGR | GERARDO DE LA GARZA RAMIREZ | 2330 Ponce de Leon Blvd Coral Gables, FL 33134 | |
| | | | Remove |
| | | | Change |
| MGR | CLAUDIA VERONICA MARIA RUBIN JUAREZ | 2330 Ponce de Leon Blvd Coral Gables, FL 33134 | B Add |
| | | | 🗆 Remove |
| | | | D Change |
| MGR | NANCY JOCELYN JACOBO GARCIA | 2330 Ponce de Leon Blvd, Coral Gables 3313 | <u>Ψ</u> ■ Add |
| | | | Remove |
| | | | _ |
| | | | 🖸 Add |
| | | | Remove |
| | | | Change |
| | | | 🖸 Add |
| | | | Remove |
| | | | Change |
| | | | D Add |
| | | | _П Веточе |
| | | | _□ Change |

| • | |
|----------------------|---|
| - | |
| - | |
| _ | |
| | |
| - | |
| _ | |
| | |
| Effecti If an eff | ve date, if other than the date of filing: |
| | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| ne rec The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o 90th day after the record is filed. |
| Dated_ | MAP 26TH . ZOZ3. |
| | |
| | |

Typed or printed name of signee