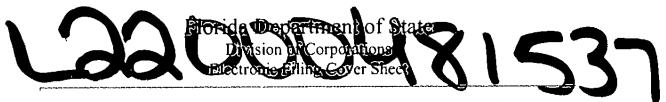
17867720342 p.1 14-Jan, 2025 - 18:40 Fax



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 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.

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company has been notified in writing of this change.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRES AGAVES LLC				
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our r liability Company)	(ecords,)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000481537</u> .	were filed on <u>11/10/2022</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address M.AY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		25		
	Enter Florida street address			
	City	, Florida		
New Registered Agent's Signature, if changing Registered Agent:		·		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my dutie provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

14-Jan-2025 18:41 Fax 17867720342 p.3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H25000016377 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA FERNANDEZ RODRIGU:	2330 PONCE DE LEON BLVD	□Add
		CORAL GABLES, FL 33134	■ Remove
			Change
MGR	Thelma Xiomara Valero Alfaro	2330 PONCE DE LEON BLVD	= Add
		CORAL GABLES, FL 33134	□Remove
			Change
·			
			□Remove
		 	
			□Add
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			□Remove
			□ Change

			
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Typed or printed name of signee