L15000128532

Florida Department of State
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PORT BELEN LLC

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12/9/19

DC

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2019 NOV 20 AM 9:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PORT BELEN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/28/2015 and assigned Florida document number L15000128532.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2980 NE 207TH STREET, STE 405
AVENTURA, FL 33180

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2980 NE 207TH STREET, STE 405
AVENTURA, FL 33180

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Mariana Ines Corvalan

New Registered Office Address: 2980 NE 207TH STREET, STE 405
Enter Florida street address

AVENTURA, Florida 33180
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.

X _____

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

Title	Name	Address	Type of Action
MGR	VILLALBA, VALERIA N	3300 NE 192ND ST APT 1601 AVENTURA, FL 33180	☐ Add ■ Remove ☐ Change
MGR	MARTIN, GUSTAVO H	2980 NE 207TH STREET STE 405 AVENTURA, FL 33180	■ Add ☐ Remove ☐ Change
MGRM	CORVALAN, MARIANA I	2980 NE 207TH STREET STE 405 AVENTURA, FL 33180	■ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated NOVEMBER 19 2019

X _____

Signature of a member or authorized representative of a member

GUSTAVO H MARTIN

Typed or printed name of signee