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To:

Division of Corporations Fax Number : (850)617-6383

From .

 $\ddot{\omega}$  Account Name : CLAPA GIRALDO ENROLLED AGENT

Account Number : 1199988600017 Phone (305)485-9300 Fax Number : (305)485-1098

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

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 19 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
AMBR	GABRIEL MONTOYA	921 Malaga Ave Coral Gables FL 33134	🖩 Add
			□Remove
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MGR	MIGUEL GONZALEZ	921 Malaga Ave Coral Gables FL 33134	🗏 Add
			□Remove
			Change
MGR	SAMIRA MONTOYA	921 Malaga Ave Coral Gables FL 33134	🖬 Add
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MGR	GHISAYS, RICARDO	3530 SW 22 STREET 601 MIAMI, FL 33145	🗆 Add
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