

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000093168 CB DEC -2 AH 10: 55 1. Entity Name ZUDÁKA, LLC SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1770 NE 191 STREET 1770 NE 191 STREET #815 NORTH MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11212008, REIN-LLC CR2E101 (1/07) City & State Applied For City & State 4. FEI Number 20-2233151 Not Applicable Zip Country Zip Country \$5.00_Additional _ 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTANO, ANDRES F Street Address (P.O. Box Number is Not Acceptable) 1770 NE 191 STREET #815 NORTH MIAMI BEACH, FL 33179 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typical or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating DATE Make check payable to FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited After January 1, 2009, Fee will be \$277.50 liability company gid not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITI F ☐ Delete TITLE Change Addition NAME CASTANO, ANDRES F NAME STREET ADDRESS 1770 NE 191 STREET, #815 STREET ADDRESS CITY-ST-78P NORTH MIAMI BEACH, FL 33179 Ctty-ST-ZIP MGRM TITLE Change Delete ☐ Addition TITLE 1132 NW 125th Place NAME ARIAS, GUILLERMO NAME STREET ADDRESS 1770 NE 191 STREET, #815 STREET ADDRESS 33182 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS NAME STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the stee empowered to execute this report as required by Chapter 608, Florida Statutes. 11. Thereby certify that the information supplied indicated on this report is true at fimited liability company or the re 786-525-7826 SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED