

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.

(((H22000195123 3)))



H220001951233ABCZ

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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADRIMAR INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADRIMAR INVESTMENTS, LLC				
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our record ty Company)	<u>15.</u>)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L07000049687</u>		-	and assign	ed
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 C	ompany," the designation "LLC	or the abbrev	riation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			u	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	ress on our records, <u>ente</u>	r the name o	of the new r	<u>egistered</u>
Name of New Registered Agent:			=======================================	
New Registered Office Address:	Enter Florida street addr	• ,		
	City , F	Florida	Zip Code	C.
New Registered Agent's Signature, if changing Registered Agent:			. 23	

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 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	LAMAS, JOSE A	1172 S. DIXIE HWY. #486	🗆 Adri
	•	CORAL GABLES, FL 33146	Remove
CEO	LAMAS, JOSE A	1172 S. DIXIE HWY. #486	
		CORAL GABLES, FL 33146	□Remove
SVP	Andres R. Lamas	1172 S. DIXIE HWY, #486	■Add
		CORAL GABLES, FL 33146	Remove
			□ Change
			Remove
			Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove

⊙ 06/03/2022 1:19 PM

pg 4 of 4

Filing Fee: \$25.00