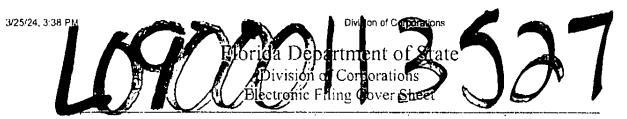
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13053284774

From: Yanet Avila



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.

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From:

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From: Yanet Avila

850-617-6381

3/26/2024 12:48:13 PM PAGE 1/001 Fax Server



March 26, 2024

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: CRANDON INVESTMENTS, LLC

REF: L09000113527

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The names of the AMBRs listed are not complete.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H RCBERTS
Regulatory Specialist III

FAX Aud. #: H24000112003 Letter Number: 124A00006468

From: Yanet Avila

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| CRANDON INVESTS | MENTS, LLC | |
|--|---|---------------------------------------|
| (Same of the Limned Liability (A Florida Li | Company of it now appears on our reconstited Liability Company) | र्याः) |
| The Articles of Organization for this Limited Liability Con- | apany were filed on 11-30-2009 | and assigned |
| Florida document number 1,090001 [3527 | | · |
| This amendment is submitted to amend the following; | | |
| A. If amending name, enter the new name of the limited | d Hability company here: | |
| The new name must be ditringuishable and contain the words "Limited | Liability Company," the designation "LL | C' or the abbreviation "E.I. C." |
| Enter new principal offices address, if applicable: | | 20: |
| (Principal office address MUST BE A STREET ADDRES | 5.5) | 1 |
| | | A 70 |
| | | . 2 |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | *************************************** | |
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| | |) JE |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our records, <u>enter</u> | r the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| - | Enter Florida street addre | zr. |
| | | lorida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Ag | gent: | |
| | | |

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 murely 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

| Title | Name | Address | Type of Action |
|----------------|------------------------------|---|----------------|
| AMBR | JOSE MIGUEL ENRIQUE ARRIOLA | \$155 S DADELAND BLVD | |
| | | SUITE 1402 | ■Remove |
| | | MIAMI, FLORIDA 23656 | []Change |
| AMBR | MARIA MERCEDES AKRIOLA FUXET | 9155 S DADELAND BLVD | ≅ Add |
| | | SUITE 1402 | DRemove |
| | | MIAMI, FLORIDA 33156 | |
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