11/2/22, 9:53 AM

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

Email Address: support & eflutin accounting. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FINAL GROUP, LLC

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Corporate Filing Menu

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COVER LETTER

| TO: Registration So Division of Cor | | | |
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| FINAL GR | OUP, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | | union de Com Ciliano | |
| | Amendment and fee(s) are sub | | |
| Please return all correspo | ondence concerning this matter | to the following. | |
| | DIEGO FIGUEROA | | |
| | - | Name of Person | |
| | F. & F LATIN GROUP LL | С | |
| | | Firm/Company | |
| | 1820 N CORPORATE LA | KES BLVD SUITE 10 | 9 |
| | | Address | |
| | WESTON FL 33326 | | |
| | · · · · · · · · · · · · · · · · · · · | City/State and Zip Coo | ie |
| | DIEGO@EFLATINACCO | | |
| | E-mail address: (| to be used for future annu | ial report notification) |
| For further information | concerning this matter, please e | | |
| DIEGO FIGUEROA | | 954 | 384 8565 |
| Name o | of Person | Area Code | Daytime Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | - | S55.00 Filing Fo Certified Copy (additional copy is | Certificate of State |
| Mailing Addre | | | Address: |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 63 Tallahassee | | | Lentre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FINAL GROUP, LLC | | | |
|---|--|--------------------------------|-----------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | iny as it now appea: Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on | 09/20/2013 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | | | |
| The new name must be distinguishable and contain the words "Limited Liabs | lity Company," the c | lesignation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 300 S Biscayne | Blvd | |
| (Principal office address MUST BE A STREET ADDRESS) | Ste 2008 | | |
| | Miami, Florida | 33131 | |
| Enter new mailing address, if applicable: | 300 S Biscayno | Blvd | |
| (Mailing address MAY BE A POST OFFICE BOX) | Miami, Florida | 33131 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our r | ecords, enter the na | me of the w registere |
| Name of New Registered Agent: | | | 7 7 5 |
| New Registered Office Address: | Enter Flo | rida street address Florida | PM 1: 06 |
| | City | , , | Zlp 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.

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| ii amendii | ng any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If it | date, if other than the date of filing: c 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 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to seffective date on the Department of State's records. |
| ne record sp ord is filed. | ecifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the |
| Dated | November 2 , 2022 . Docqui Feigueron |
| | Docque Feigueron |
| | Signature of a member or euthorized representative of a member |
| | DIEGO FIGUEROA |