From:	Geilys	Pire2
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TO:

8/19/22, 12:19 PM



rom: Geilys Pire'z	Fax: 13056000143	To:	Fax: (850) 617-6383	Page: 2 of 4	08/19/2022 12:26 PM
	,		F AMENDMENT TO ORGANIZATION	,	
			OF	<i></i>	
		LUCKY CRIS	ANTEMO LLC	·	
	(<u>Nar</u>	ne of the Limited Liability Con (A Florida Limite	apany as it now appears on our ed Liability Company)	r record <u>s.</u>)	
Florida d This ame A. If am	ocument number <u>L14000</u> indment is submitted to an mending name, <u>enter the</u>	mend the following: new name of the limited l	iability company here:	- 	and assigned
The new n	ame must be distinguishable a	and contain the words "Limited L	iability Company," the designat 2330 PONCE DE LEC	N RI VD	
Enter no <u>(Princip</u>	ew principal offices add pa <u>l office address MUST</u>	ress, if applicable: <u>BE A STREET ADDRESS</u>	COPAL CABLES FI	ORIDA 33134	FILED
Enter #	iew mailing address, if a	applicable:	2330 PONCE DE LE		······································
<u>(Mailin</u>	ng address MAY BE A PO	O <u>ST OFFICE BOX)</u>	CORAL GABLES, F		
B. If a <u>agent</u> :	mending the registered and/or the new registered	agent and/or registered of ed office address here:	ffice address on our recor		

Name of New Registered Agent: New Registered Office Address:	WORLDWIDE CORPORATE ADMINISTRATORS LLC 2330 PONCE DE LEON BLVD Enter Florida street address	
	CORAL GABLES. Florid	la 33134 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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.

Je Changestered Agent, Signature of New Registered Agent (H22000 2815753)

To:

08/19/2022 12:26 PM

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 Type of Action Address <u>Title</u> Name 2655 S. LE JEUNE ROAD, SUITE PH-IC GASTON R ALVAREZ MGR ⊡∆dd CORAL GABLES, FL 33134 __ 🖹 Remove ____ Change . _____D∧dd __ 🗆 Remove □Change ___ □ Add . □ Remove ____ Change □Add _____ 🖸 Remove _____ Change _____ []\dd Remove _ Change _ ⊡∧dd Remove . Change (1+ 22000 281 575 3)

om:"Geilys'Pirèz	Fax: 13056000143	To:	Fax: (850) 617-6383	Page: 4 of 4	08/19/2022 12:26 PM
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D. If	amending any other in	iformation, enter cha	ange(s) here: (Attach additional she	ets, if necessary.)	
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	Note: It the date inserte document's effective da	te on the Department of	t meet the applicable statutory filing rec f State's records.		
If	the record specifies a dela	yed effective date, but r	not an effective time, at 12:01 a.m. on t	he earlier of: (b) The S	90th day after the
· re	cord is filed.				
÷ .	Dated _ Hugh	it 10th	, 2022		
			The moncellin		
· · · · · · · · · · · · · · · · · · ·		Signature c	if a member or authorized representative of	a member	
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• •• •	A. S. S. L. & S. S. S. S. S. P. N.	ANNE SAPARASA AND AND AND	Typed or printed name of signee		•
			こう 法法律法法 とうしょう	• •	
				1	575 ⁷ 01575
				(11,729	575) 50 ⁻² 91

Distance: