## Florida Department of State Divisional Comercia

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FANJUL ENTERPRISES LLC

Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086

\*\*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

ZAMPI & CO LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

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Page: 2 of 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fax: (850) 617-6383

ZAMPI & CO LLC		
(Name of the Limited Liabit (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number 1.14000185857	Company were filed on 12/04/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here;	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		-
Name of New Registered Agent:		2022 SEI
New Registered Office Address:	Enter Florida street address . Florida	P 20 PM
<del></del> -	City	S Zip Coles
Non-Pagistared Agant's Signatura, if changing Register	ed Agent:	7: 2

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.

From: Robert Fanjul

Fax: 18775036086

To:

Fax. (850) 617-6383

Page: 3 of 4

09/20/2022 B:10 AM

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	MATIAS J GIOFFRE	5151 COLLINS AVE APT 310	
		MIAMI BEACH, FL 33140	■Remove
			□Change
MGR	MARIA F CANUSSO	5151 COLLINS AVE APT 310	□Add
		MIAMI BEACH, FL 33140	■Remove
			□Change
AMBR	ALICIA S ZAMPINI	5151 COLLINS AVE APT 310	
		MIAMI BEACH, FL 33140	■Remove
			□Change
AMBR	MARIA S CANUSSO	5151 COLLINS AVE APT 310	🗆 Add
		MIAMI BEACH, FL 33140	■Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change

Fax: 18775036086

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