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| Page: 3 of 5 | 2024-(| 19-05 19.34:04 GMT | | 13053284774 | From |
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| · · · | | | | ALLAHAG | |
| | SANTAMA | RINA INVESTMENT I | .I.C | | -5 AM 3:26 |
| (Nam | e of the Limited | Jahllity Company as it ne londa Lunited Liability Co | w appears on our r ompany) | ecords.) | |
| The Articles of Organization for thi | s Limited Liabi | lity Company were file | ed on 05/11/2015 | | t assigned |
| Florida document number 1150000. | | | | | |
| | | · | | | |
| This amendment is submitted to am | end the followi | មគឺ: | | | |
| A. If amending name, enter the n | iew name of th | e limited liability com | inany here: | | |
| , | | | | | • |
| The new name must be distinguishable and | t contain the word | "Lunited Liability Compa | ny," the designation | "LI.C" or the abbreviatio | n ''LL.C.'' |
| Enter new principal offices addre | ss. if annlicabl | e; | | | |
| (Principal office address MUST B) | | | | | |
| (Tracipal office autorss spectral) | <u>67131777777</u> | 17171(12.5.1) | | , بن هايا، باري في في المانية المانية و المانية و المانية و المانية (المانية مانية المانية (المانية المانية ا | |
| | | | | , ,,,,,,,,,,,,,, | |
| Enter new mailing address, if app | olicable: | | | | |
| (Mailing address MAY BE A POS | | v) | | | |
| (1999))))) | <u>C (77 X 15.17 16.2</u> | <u></u> | | | |
| | | | | | |
| B. If amending the registered age | | | on our records, <u>e</u> | nter the name of the | encw registered |
| agent and/or the new registered o | ffice address h | <u>ere</u> : | | | |
| | | | 1hT.4 | | - |
| Name of New Registered | Agent: | LUIS M. SANTAMAR | | | |
| New Registered Office Ac | ldress: | 0447 SW 170 PSGE | | | |
| | Enter Florido vireei a | | | | |
| | i | MAM | | , Florida <u>33196</u> Zip C | |
| | - | City | | Zip (| Jode |

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

Thereby 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 agen; 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.

H Changing Regi Agent Alguature of New Registered Agent

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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 | LUIS M. SANTAMARINA | 9447 SW 170 PSGE | ⊒Add | | |
| | | MIANII, FL 33196 | DRemove | | |
| | | | LiChange | | |
| AMBR | MARIA S. SANTAMARINA-ARIS | 1328 CASA PARK CIR | | | |
| | | WINTER SPRINGS, FL 32708 | | | |
| | | | []Change | | |
| AMBR | SANI AMARINA, JOSE A | 3217 SE 7TH ST | EAdd | | |
| | | HOMESTEAD, FL 33933 | | | |
| | | | ElChange | | |
| Manager | SANTAMARINA, LUIS MARIA | 9447 SW 170 PASSAGE | 🗆 Add | | |
| | | MIAMI, FL 33196 | ⊠Remove | | |
| | | | DChange | | |
| <u> </u> | | | []Add | | |
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- .
- D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)
 - 51% OF THE ISSUED SHARES BELONG TO MIRTHA B. ARIS

19.5% OF THE ISSUED SHARES BELONG TO LUIS M. SANTAMARINA

19.5% OF THE ISSUED SHARES BELONG TO MARIA S. SANTAMARINA-ARIS

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

September 5 2024 Dated u Ode So

Signature of a member or authorized representative of a member

MIRTHA B. ARIS

Typed or printed name of signee.

Filing Fee: \$25.00