# FAX No. FAX No. FAX No. FAX No. FAX No. Corporations

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DEPARTMENT OF STATE VISION OF CORPORATE TALLAHASSEF FOR THE CORPORATE

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES ARAGON 8922 LLC

| Certificate of Status | 0       |
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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## INVERSIONES ARAGON 8922 LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/22/2018 \_\_\_\_ and assigned Florida document number \_\_L18000072934 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: 1 Name of New Registered Agent: S New Registered Office Address: Enter Florida street address Florida Cin

#### 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 Changing Registered Agent, Signature of New Registered Agent

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 | <u>Name</u>          | <u>Address</u>   | Type of Action |
|-------|----------------------|--|----------------|
| AMBR  | RUI ZUAN CHENG LIANG | 1080 BRICKELL AVE # 2901   | □ Add          |
|       |                      | MIAMI, FL 33131  | □ Remove       |
|       |                      |  | - E Change     |
| AMBR  | LILA HE NG           | 1080 BRICKELL AVE # 2901   |                |
|       |                      | MIAMI, FL 33131  | □ Remove       |
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| e record specifies.<br>The 90th day af | s a delayed effective<br>ter the record is filed  | date, but not a<br>s.                  | ın effective time, a                                     | it 12:01 a.m. on the  | earlier of:                          |
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Typed or printed name of signee