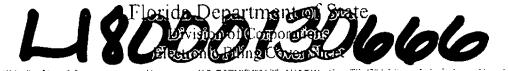
3/5/2020

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

## From:

Account Name : MARILI CANCIO JOHNSON P.A.

AND THE RESIDENCE OF THE MEMORITHMEN AND THE PROPERTY OF THE P

Account Number : I20160000073

Phone : (305)967-6329 Fax Number : (305)470-7453

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

| Email Address: |        |          |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROVIDENCE GLOBAL INVESTMENTS LLC

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TO: Registration Section

## **COVER LETTER**

| Divi              | ision of Corp  | porations                                       |  |   |
|-------------------|--|---|--|---|
|                   | PROVIDEN   | CE GLOBAL INVESTMENT                            | TS ELC   |   |
| SUBJECT:          |  | Name of Limi                                    | ted Liability Company  |   |
|                   |  |   |  |   |
| The enclosed      | Articles of  | Amendment and fee(s) are sub-                   | mitted for filing.   |   |
| Please return     | ull correspo   | extence concerning this matter                  | to the following:  |   |
|                   |  |   | Alda V Zayas   |   |
|                   |  |   | Name of Person   | <del>1000</del>   |
|                   |  |   | Marili Cancio Johnson PA   |   |
|                   |  |   | Firm/Company   |   |
|                   |  |   | 1395 Brickell Avenue Suite 650   |   |
|                   |  |   | Address  | <del></del> -   |
|                   |  |   | Miami, FL 33131  |   |
|                   |  |   | City/State and Zip Code  |   |
|                   |  |   | szayas@cjelaw.com  | ·   |
|                   |  | E-meil address: (                               | to be used for future annual report notatication)  |   |
| For further in    | iformation co  | oncerning this matter, please co                | all:   |   |
|                   | Aida Zay   | /as   | 786 802-2332   |   |
|                   | Name of  | Person  | at ()*  Area Code Daytime Telephone No:  | nber  |
| Enclosed is a     | check for th   | e following amount:                             |  |   |
| ≋ S25.00 F        | iling Fee  | ☐ \$30.00 Filing Fee &<br>Centificate of Status | Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)                          | 0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed) |
| Reg<br>Div<br>P.C | ding Addressistration Strision of C<br>D. Box 632<br>lahassee, F | Section<br>orporations<br>7                     | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui | te 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|  | DENCE GLOBAL INVESTMENTS LLC   |                           |
|--|--|---------------------------|
| (Name of the Lintited List<br>(A Flo   | bility Company as it now appears on our records,)<br>rida Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability  |  | and assigned              |
| Florida document number L18000130666   | municipality.  |                           |
| This amendment is submitted to amend the following   | :  | 2020 HAR                  |
| A. If amending name, enter the new name of the li  |  | 5 5                       |
| The new name must be distinguishable and contain the words "I                                      | Limited Liability Company," the designation "LLC" or the                             | abbreviation "L.L.C."     |
| Enter new principal offices address, if applicable:  |  |                           |
| (Principal office address MUST BE A STREET AD  | DRESS)   | <u> </u>                  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)               |  |                           |
| B. If amending the registered agent and/or registered and/or the new registered office address her | ered office address on our records, <u>enter the m</u><br>e:                         | ime of the new registered |
| Name of New Registered Agent:  |  |                           |
| New Registered Office Address:   | Enser Florida street address   |                           |
|  | , Florids  |                           |
|  | City   | Zip 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

| Title                        | Name                          | Address   | Type of Action  |
|------------------------------|-------------------------------|---|-----------------|
| MGR                          | Rodrige Trepp Bimbaum         | 1395 Brickell Avenue, Suite 650   |                 |
|                              |                               | Miami, FL 33131   | □Remove         |
|                              |                               |   | ≅Change         |
| MGR                          | Rita Jenny Soto Villavicencio | 1395 Brickell Avenue, Suito 650   |                 |
|                              |                               | Miami, FL 33131   |                 |
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| E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the  | s block does not med  | et the applicable                                    | ate of filing or more to<br>statutory filing rec   | (option<br>that 90 days after f<br>quirements, this | lling.) Pursuant                       | to 605.02<br>be listed | 207 (3)()<br>as the  |
| f the record specifies a delayed offe<br>ecord is filed.  | tive date, but not as | s effective time,                                    | at 12:01 a.m. on th  | ne cartier of: (b)                                  | The 90th da                            | iy after t             | he                   |
| Dated March 05  |                       | 2020   |  |   |  |                        |                      |
| Dates   |                       |  | Philipp  |   |  |                        |                      |
|   | Signature of a me     | mber or authorize                                    | d representative of a  | member  |  |                        |                      |

Typed or printed name of signee