11/08/21 11:54AM PST '95431

)7639^{g 2/6} ozation 11/8/21, 2.52 PM la Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H210004139183))) H210004139163ABC\$ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 2021 NOV -8 AM IO: To: Division of Corporations Fax Number : (850)617-6383 From: Account Name ; E & F LATIN GROUP LLC Account Number : I2016000049 Phone : (954)384-8565 (954)385-5175 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: diaw @ of ot MACCI Ma COM -----. .. LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LOPEZ & TORO ASOCIADOS LLC Certificate of Status **f** Certified Copy Ð NOV 0 9 2021 05 Page Count A, LUNI Estimated Charge \$25.00 3:24 1.00000 Ŧ Electronic Filing Menu ဆု 2021, NOV Corporate Filing Menu Help 5

COVER LETTER

| то: | Registration Division of C | Section Corporations | | |
|----------------|--|--|--|--|
| 8170-164 | | & TORO ASOCIADOS LLC | | |
| SUBLE | C1: | Name of Lir | nited Liability Company | |
| The enc | losed Articles | of Amendment and fec(s) are su | bmitted for filing. | |
| Please re | uturn all correi | pondence concerning this matter | to the following: | |
| | | DIEQO FOUEROA | | |
| | | 4gen k 8 4 − 4 γt agi k 4 aga a in 400 4 gi ga ta ang a na ang ang a sa ang ang ang ang ang ang ang ang ang an | Name of Person | |
| | | E&F LATIN GROUP LL | С | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | | 1820 N CORPORATE LA | KES BLVD STE 109 | |
| | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | WESTON, FL 33326 | | |
| | | | Clty/State and Zip Code | |
| | | DIEGO@EFLATINACCO | UNTING.COM (to be used for future annual report notif | |
| For furth | ter information | 1 concerning this matter, please c | | |
| | FIGUEROA | | 954 384-8565 | |
| Name of Person | | e of Person | At () Area Code Duytime | Telephone Number |
| Enclosed | l is в check for | the following amount: | | |
| _ | 00 Filing Fee | | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed; |
| | <u>Mailing Addr</u> Registration Division of P.O. Box 62 Tallahassee | e Section Corporations 327 | <u>Street Address</u> Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassec, FL | porations allahassee Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOPEZ & TORO ASOCIADOS LLC | 6 | |
|---|---|--|
| (Name of the Limited Limited Compared (A Florida Limited | ally as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L18000207639 | any at it now appends on our records.) Liability Company) y were filed on 08/29/2018 and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | <u>pility company here:</u> | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 278 KING AVE KEY LARGO, FL 33037 | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new malling address, if applicable: | 278 KING AVE | |
| <u>Mailing address MAX BE A POST OFFICE BOX</u> | KEY LARGO, FL 33037 | |
| 3. If amunding the rugistered agent and/or registered office a gent and/or the new registered office address here: | address on our records, <u>enter the name of the new register</u> | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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 | LOPEZ, FRANCY DEL PILAR | 278 KING AVE | 🗆 Add |
| | | KEY LARGO, FL 33037 | L Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

| Dated NOVEMBER 8 | 2021 | |
|------------------|---------------------------------|------------|
| Dieyo = | Lorod. | |
| DIEGO FIGUEROA | Typed or printed name of signee | _ . |