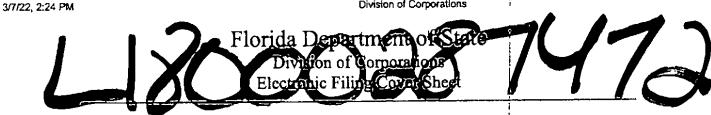
Division of Corporations



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Phone

: (305)444-8800

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

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T. LEMIEUX MAR 08 2022

03/07/2022 2:29 PM

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Cafer hear	
(Name of the Limited Liability Compan- (A Florida Limited Li	y as it now appears on our records;) ability Company)
The Articles of Organization for this Limited Liability Company with Florida document number <u>LA8-000287472</u>	vere filed on1211712018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Compuny," the designation "L.L.C." or the abbreviation "L.L.C."
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 off registered agent and/or the new registered office address here:	ice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Cirv , Florida Zap-Code 70 - Ti
New Registered Agent's Signature, if changing Registered Agent:	FILE SS
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this decument is

If Changing Registered Agent, Signature of New Registered Agent

03/07/2022 2:29 PM

☐ Change

To:

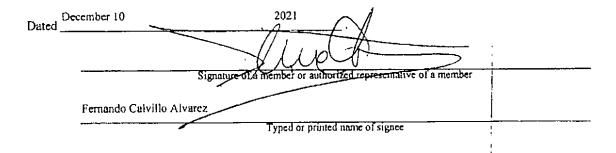
Fax: (850) 617-6383

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 = M $AMBR = A$	lanager Authorized Member		Í 1 4
Title	Name	<u>Address</u>	Type of Action
MGR	Fernando Calvillo Alvarez	2330 Ponce de Leon Blvd.	Add
		Corai Gables, FL 33134	■ Remove
			☐ Change
MGR	Fernando Calvillo Campos	2330 Ponce de Leon Blvd.	BAdd
		Coral Gables, Fl. 33134	□ Remove
			☐ Change
			Add
			□ Remove
			Change
			
			☐ Change
		<u></u>	□ Add
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			□ Add
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Consider the show the state of fillings		/^-	stional)
ive date, if other than the date of filing: fective date is listed, the date must be specific and cannot If the date inserted in this block does not meet the tent's effective date on the Department of State's r	e applicable statutory	or more than 90 days a filing requirements, t	ter filing.) Pursuant to 60: his date will not be list

(b) The 90th day after the record is filed.



Page 3 of 3