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24 OCT -6 11:18  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ecora Investments LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS DE LIMA

Name of Person

ECORA GROUP LLC

Firm/Company

2525 SW 3RD AVE, UNIT 801

Address

MIAMI, FL, 33129

City/State and Zip Code

CARLOS@INVECORA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS DE LIMA

305 3010287  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

ECORA INVESTMENTS 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 01/22/2019 and assigned  
Florida document number L19000022805.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ECORA GROUP LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

2525 SW 3RD AVE

UNIT 801

MIAMI, FL. 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2525 SW 3RD AVE

UNIT 801

MIAMI, FL. 33129

**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	BUITRAGO, ISABELLA		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BUITRAGO, ISABELLA	2525 SW 3RD AVE	<input checked="" type="checkbox"/> Add
		UNIT 801	<input type="checkbox"/> Remove
		MIAMI, FL, 33129	<input type="checkbox"/> Change
AP	DE LIMA, ROBERTO		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE LIMA, ROBERTO	2525 SW 3RD AVE	<input checked="" type="checkbox"/> Add
		UNIT 801	<input type="checkbox"/> Remove
		MIAMI, FL, 33129	<input type="checkbox"/> Change
AP	DE LIMA, JOSE		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE LIMA, JOSE	2525 SW 3RD AVE	<input type="checkbox"/> Add
		UNIT 801	<input type="checkbox"/> Remove
		MIAMI, FL, 33129	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1<sup>st</sup> 2024

Signature of a member or authorized representative of a member

Carlos De Lima.

Typed or printed name of signee