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To:

Division of Corporations

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From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone

(305)358-1310

Fax Number

: (305)503-6701

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

Email Address: 100187236

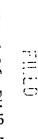
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BARAYA GROUP LLC** 

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| BARAYA GROUP L  | .LC  |  |
|---|--|--|
| (Name of the Limited Liability Comp.<br>(A Florida Limited  | any as it now appears on c<br>Liability Company) | ur records.)   |
| The Articles of Organization for this Limited Liability Company Florida document number   | were filed on $\frac{03/11/20}{2}$               | and assigned   |
| This amendment is submitted to amend the following:   |  |  |
| A. If amending name, enter the new name of the limited liab   | oility company here:                             |  |
| The new name must be distinguishable and contain the words "Limited Liabi   | ility Company," the designa                      | tion "LLC" or the abbreviation "L.L.C."                                |
| Enter new principal offices address, if applicable:   | <del> </del>                                     |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |
|   |  |  |
| Enter new mailing address, if applicable:   |  | - AES<br>ES  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |  |
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|   | · · · · · · · · · · · · · · · · · · ·            | · \(\sigma\)   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here   |  |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida sm                                 | et adibess   |
|   |  | , Florida  |
|   | •  | Z;p Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |
| I hereby accept the appointment as registered agent and agre<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my di<br>provided for in Chapte   | ities, and I am familiar with and er 605, F.S. Or, if this document is |
| If(han  | nging Registered Agent Si                        | onature of New Registered Avent  |

To:

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> | Name                | Address               | Type of Action |
|--------------|---------------------|-----------------------|----------------|
| MGR          | JORGE EDUARDO GAONA | 1000 WEST AVE APT 430 | Add            |
|              |                     | MIAMI BEACH, FL 33139 |                |
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| fective date, if other than                       | the date of filing:   | (optional) f filing or more than 90 days after filing.) Pursuant to  | ŧ                     |
| we: it are dute that use of the                   | is block does not meet the applicable state of the Department of State's records. | f filing or more than 90 days after filing.) Pursuant to to<br>nutory filing requirements, this date will not be l | 505.0207<br>isted as  |
| record specifies a dela<br>The 90th day after the | yed effective date, but not an ef<br>record is filed.                             | fective time, at 12:01 a.m. on the ear   | lier of               |
| 08/26<br>ted                                      | 2019  |  |                       |
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|   | 100020  |  |                       |
| <del>`</del>                                      | Signature of a member or authorized sep   | resentative of a member  |                       |
|   |   |  |                       |

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