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Amend

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COVER LETTER

| Div | ision of Corp | orations | | |
|--------------------|-----------------|--|---|--|
| SUBJECT: | | IPORTS LLC | | |
| SOBJECT. | | Name of Limi | ited Liability Company | |
| The enclosed | l Articles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Please return | all correspon | dence concerning this matter | to the following: | |
| | | JESIKA DIAZ MUNAR, F | P.A | |
| | | | Name of Person | |
| | | MUNAR LAW | | |
| | | | Firm/Company | |
| | | 8180 NW 36 STREET SU | ITE 309 | |
| | | | Address | |
| | | DORAL, FL 33166 | | |
| | | JDM@MUNARLAW.COM | City/State and Zip Code | |
| | | E-mail address: () | to be used for future annual report notific | cation) |
| For further in | nformation co | ncerning this matter, please ca | all: | |
| STEPHANIE GONZALEZ | | | 305 677-6513 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a | e check for the | e following amount: | | |
| ■ \$25.00 F | | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MATTOS IMPORTS LLC | | |
|--|---|--------------------------|
| (<u>Name of the Limited Lial</u> (A Floi | bility Company as it now appears on our records.) rida Limited Liability Company) | 3/4 2 |
| The Articles of Organization for this Limited Liability Florida document number 1,19000284505 | v Company were filed on 11/14/2019 | and assigned |
| This amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the li | imited liability company here: | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or re registered agent and/or the new registered office a | | nter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | C. Cl. J. L. | |
| | Enter Florida street address | |
| | , Florid | a Zip Code |
| New Registered Agent's Signature, if changing Registe | • | inp come |

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> | Address | Type of Action |
|--------------|----------------------|---|----------------|
| MGR | Ian Izumi Hildebrand | 1951 NW SOUTH RIVER DRIVE #2101, MIAMI, FL 33125 | ⊟ Add |
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| | | | Signature () | a a menyoekor | authorized tel | ргозопаануе 0 | a member | | |
| | | | • | | $V(\)$ | 05/20 | DIOZ | - 6 | |

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Filing Fee: \$25.00