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TO:		stration Section ion of Corpor				بي.	i de la companya de
		PINANGO LA	BRADOR ARAQUE & A	SOCADOS LLC		, O.	3
SUBJEC	CT: _		Name of Lim	ited Liability Company			3
			endment and fee(s) are sub				100 12 64 5. 2m
				Maria G. Pinango			
			 	Name of Person			
			PINANGO LABRA	ADOR ARAQUE & AS	SOCIADOS LLC		
				Firm/Company		······	
				2980 NE 207th St	Suite 503		
				Address			
			Aventura, FL 33180				
			City/State and Zip Code				
				eam@crosswise.legal to be used for future annua	l report patification)		
Ear family	har in f	ormation cond			n report notification)		
		ormation conc	erning this matter, please c				
Nelson (Osio			786 3 at () _	742372		
		Name of Pe	rson	Area Code	Daytime Telepho	one Number	
Enclosed	d is a c	check for the f	ollowing amount:				
■ \$25.	.00 Fil	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Maili</u>	ing Address:		Street A	Address:		

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

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

25.2025

PINANGO LABRADOR ARAQUE & ASOCADOS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

ity company here:	
y Company," the designa	ation "LLC" or the abbreviation "L.L.C."
2980 NE 207th St., S	uite 503, Aventura, FL 33180
2980 NE 207th St., S	uite 503, Aventura. FL 33180
	is, enter the name of the new registere
St. Suite 503	
Enter Florida sti	reet address
	, Florida
City	Zip Code
	2980 NE 207th St., S 2980 NE 207th St., S 2980 NE 207th St., S ddress on our record o St., Suite 503 Enter Florida st.

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
MRG	Maria G. Pinango	2980 NE 207th St., Suite 503, Aventura. FL 33180	= Add
			□Remove
			□Change
MRG	Arturo Bravo		
			Remove
			□Change
			□ Add
			□Remove
			□Change
		 	□Add
			□Remove
			□Change
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			□Remove
			□ Change

	information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
ote: If the date inserted	than the date of filing:
ecord specifies a delaye is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
February 20 ted	. 2020
	Signature of a member or authorized representative of a member
	Maria G. Pinango
	Typed or printed name of signee

Filing Fee: \$25.00