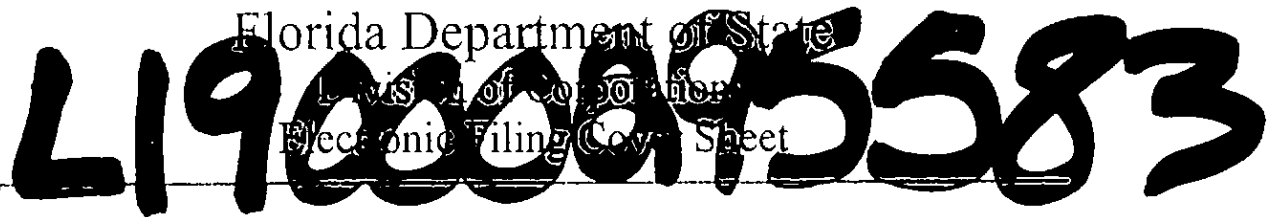


12/20/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000366358 3)))



H190003663583ABC8

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUEVAS, GARCIA & TORRES,

Account Number : I20030000123

Phone : (305)461-9500

Fax Number : (786)362-7127

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SIMBANA SOCIETAT FAMILIAR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 23 2019

T. LEMIEUX

H19000366358 3

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

SIMBANA SOCIETAT FAMILIAR 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 12/11/2019 and assigned
Florida document number L19000295583

This amendment is submitted to amend the following:

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

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)

4546 SW 74th Ave

Miami, Fl. 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4546 SW 74th Ave

Miami, Fl. 33155

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

H19000366358 3

H19000366358 3

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>
MGRM	DUEÑAS FARFAN, CARLOS A	4546 SW 74th Ave	<input type="checkbox"/> Add
		Miami, Fl. 33155	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	GALINDO QUIROGA, GABRIEL	4546 SW 74th Ave	<input type="checkbox"/> Add
		Miami, Fl. 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H19000366358 3

H19000366358 3

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: September 1, 2011
(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 December 19, 2019

Signature of a member or authorized representative of a member

CARLOS ANDRES DUENAS FARFAN

Typed or printed name of signee

Filing Fee: \$25.00

H19000366358 3

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Kimberly Laughrey
DATE	2019-12-20 08:55:15 CST
RE	Prince's Trust America, Inc.

COVER MESSAGE

Thank you,

Patrick Duffy
Fulfillment Associate
CT Corporation

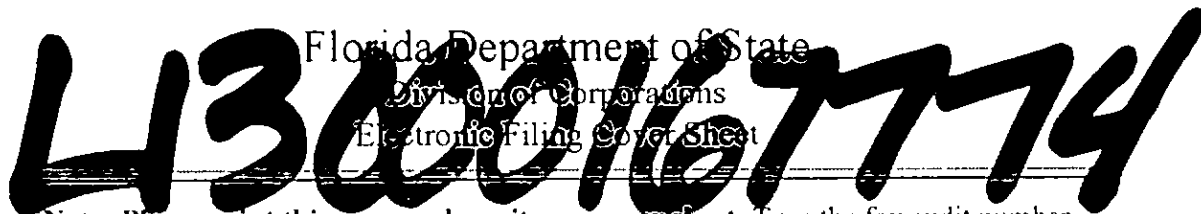
Team 614-280-3338
GlobalFulfillmentTeam@wolterskluwer.com



Wolters Kluwer

1209 Orange Street Wilmington, DE 19801,
www.wolterskluwer.com

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((H19000366028 3)))



H190003660283ABC2

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRUST PAY CORPORATION
Account Number : I20140000092
Phone : (786) 520-6788
Fax Number : (754) 300-1545

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HIRAGA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2019 DEC 20 AM 8:03

2019 DEC 20 PM 11:30
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
HIRAGA LLC
(A Florida Limited Liability Company)

First: The Articles of Organization for this Limited Liability Company were filed on **12/04/2013** and assigned Florida document number **L13000167774**.

Second: This amendment is submitted to amend the following:

ARTICLE II
Principal Office and Mailing Address

The complete street address of the initial designated principal office is:

**2421A N. University Dr.
Coral Springs, FL 33065**

The complete mailing address is:

**27 Sisson Ter.
Tenafly, NJ 07670**

ARTICLE IV
Registered Agent

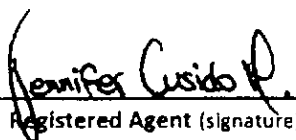
5.01 The name and address of the new registered agent is:

**Trust Pay Corporation
2421A N. University Dr.
Coral Springs, FL 33065**

FILED
2019 DEC 20 11:30
CLERK OF COURT
TALLAHASSEE, FLORIDA



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.


Registered Agent (signature)

ARTICLE V
Management

The manager(s) of the Limited Liability Company and their addresses are named as followed:

Name	Title	Address	Type of Action
Paulo Cymrot	MGR	21055 Yacht Club Dr. Ste 2110 Aventura, FL 33180	REMOVE
Roberto Cymrot	MGRM	27 Sisson Ter. Tenafly, NJ 07670	CHANGE
Livia Cymrot	MGR	27 Sisson Ter. Tenafly, NJ 07670	CHANGE

Dated: December 17, 2019.

Signature


(By a member or authorized representative of a member)

ROBERTO CYMROT
MGRM

