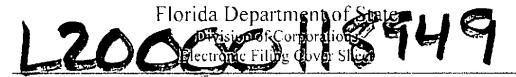
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : 120200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

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 PORTO INTERNATIONAL LLC

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(Brumbley

(((H22000292098 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTO INTERNATIONAL LLC	
(Name of the United Liability Comman) as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on L20000118949	and assigned
Florida document number 1.20000118949	
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 "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, ente	r the name of the new
registered agent and/or the new registered office address here:	OZZ AL
Name of New Registered Agent:	
New Registered Office Address:	29 FA
Enter Florida street address	NOV SON
, Florida, Florida	Ziv Codi:
New Registered Agent's Signature, if changing Registered Agent;	90

If Changing Registered Agent, Signature of New 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.

(((H22000292098 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 = M	lanager uthorized Member		
Title	Name	Address	Type of Action
AMBR	PRISCILA CAROLINE MAIER THOMAS	15805 BISCAYNE BLVD. STE 201	D Add
		AVENTURA, FL 33160	■ Remove
			□ Change
AMBR	CARLOS ARTUR THOMAS	15805 BISCAYNE BLVD. STE. 201	_ B Add
		AVENTURA, FL 33160	O Remove
			☐ Change
			D Add
			Remove
			Change
			D Add
			☐ Remove
			Change
		-	D Add
			Вешые
			O Change
			Add
			Remove
			Change





From: Paloma Duarte

(((H22000292098 3)))

If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing: (optional) (if me elective date is listed, the date must be specific and cannot be prior to date of filing or move them 97 days after filing.) Pursuant to 605 02017. Note: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be histed as to document's effective date on the Department of State's records. The 90th day after the record is filed. Dated AUGUST 01 2022 AUGUST 01 2022 PRISCILA CAROLINE MAIER THOMAS		
the record specifies a delaye) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earl ecord is filed.	ier of:
Dated AUGUST 01	. 2022	
	wich have	
PRISCILA C		
	Typed or printed name of signice	

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