Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130

Fax Number

Phone : (954)345-7888 : (786)713-1940

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

| Fmail | Address: | 1.1 |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **XMARTS GROUP LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| XMARTS GROUP LLC | | |
|--|--|-------------------------------|
| (Name of the Limited Linb (A Flori | ility Company as it now appears on our record da Limited Liability Company) | <u>s.</u>) |
| The Articles of Organization for this Limited Liability Florida document number L20000149186 | Company were filed on 06/01/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC | " or the abbreviation "ISHC." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | RESS) | (i) |
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| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | - A O |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- | | , enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | orida |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Page 2 of 4

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

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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

| Title | Name | Address | Type of Action |
|-------|--------------------------------|---------------------|----------------|
| MGR | RAUL FRANCISCO OVALLE TIBURCIO | 12201 SW 194 STREET | Add |
| | | MIAMI, FL 33177 | Remove |
| | | | ■ Change |
| AMBR | LUIS G MURO RAMOS | 12201 SW 194 STREET | ■ □ Add |
| | | MIAMI, FL 33177 | □ Remove |
| | | | ■ Change |
| | | | £1 Add |
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| | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: | five date, if other than the date of filing: [Cective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| he re Th | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed. |
| Dated | FEBRUARY ITH 2021 Signature of a member or authorized representative of a member |
| | · · |
| | ANGELICA COTES - ADMIN Typed or printed name of signee |

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