## Florida Department of S

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : G & A ACCOUNTING AND TAX SERVICES, INC.

Account Number : 120120000033

: (305)801-5470

Fax Number : (713)953-7115

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **V SERVICES 20, LLC**

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | V SERVICES 20, LLC  |  |
|---|---|--|
| (Name of the Lim  | ted Liability Company as it non appears on our records. (A Florida Limited Liability Company)   | <del>)</del>   |
| The Articles of Organization for this Limited L<br>Florida document number L20000196018                                 | ciability Company were filed on 07/09/2020  | and assigned   |
| This amendment is submitted to amend the follows:   | lowing:   |  |
| A. If amending name, enter the new name c   | 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 appli   | cable:  | W. I   |
| (Principal office address MUST BE A STRE)   | ET ADDRESS)   |  |
| 1   |   |  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE   | (BOX)   |  |
| B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent: | registered office address on our records, <u>enter t</u><br>ess here:   | he name of the new registered                            |
| New Registered Office Address:  | Enter Florida street address  | - SSS - ES   |
|   | Enter Pairita sirver datates.   | 67.50<br>67.51<br>108.51<br>108.51                       |
| ,   | City  | Zio Code W   |
| New Registered Agent's Signature, if changing   | Registered Agent;   | •  |
| provisions of all statutes relative to the pro-   | red agent and agree to act in this capacity. I fur<br>per and complete performance of my duties, an<br>distered agent as provided for in Chapter 605, I<br>distributed registered office address, I hereby confirm that<br>is change. | d I am familiar with and<br>I.S. Or, if this document is |

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 |

| Title                 | Name             | Address                       | Type of Action  |
|-----------------------|------------------|-------------------------------|-----------------|
| MGR                   | DANIEL A MARIANO | CALLE RODRIGUEZ SAN PEDRO     | <b>=</b> Add    |
|                       |                  | 25 4D, MADRID SPAIN 28015     | □Remove         |
|                       | •                |                               | Change          |
| AMBR DAYANA RODRIGUES | DAYANA RODRIGUES | CALLE ISABEL CLARA EUGENIA 41 | □Add            |
|                       |                  | PORTAL 2 3B Madrid 28050 ES   | <b>≅</b> Remove |
|                       |                  |                               | ☐ Change        |
|                       |                  |                               |                 |
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|                       |                  |                               | □Remove         |
|                       |                  |                               | Change          |

|                    | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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|                    |   |
| E Effect           | tive date, if other than the date of filing: (optional)   |
| (If an ei<br>Note: | frective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| If the reco        | ord 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 filed.   |
| Dated              | JULY IST 2023   |
|                    | Daullan   |
|                    | Signature of a member of authorized representative of a member  |

Typed or printed name of signee