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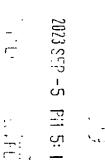
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TO:	Registration Se Division of Cor		, , ,	.:
	Espinal Inv	estments LLC		
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		Smaart Company LLC		
			Firm/Company	
		8200 W 33 Ave Ste 8		
			Address	
		Hialcah, FL 33018		
			City/State and Zip Code	
		loverly_espinal@hotmail.co	om to be used for future annual report notification)	
For fur	ther information c	oncerning this matter, please c	•	
Ray De	ominguez		305 764-6179	
	Name o	f Person	Area Code Daytime Telephone	Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	60.00 Filing Fee, lertificate of Status & lertified Copy additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	e

ARTICLES OF AMENDMittps://app.gosnapsign.com/sign/64eta7922d316c0251a53552 TO ARTICLES OF ORGANIZATION OF

Espinal Investments LLC	2023 SEP -	·5 Pil 5: 17
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company were filed on 07/21/2020	1	
Florida document number L20000214321		
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 "l	.LC" or the abbr	eviation "L.L.C."
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, <u>en</u> agent and/or the new registered office address here:	ter the name	of the new registe
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street add	drass	

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.

City

, Florida _

www.gosnapsign.com/ig Authorized Person(s) authorized to manage, enter the title, nhttps://app.gosnapsign.com/sign/64eta7922d316c0251a53552]ded or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MBR	John A Cardenas Carrillo	1413 Sain Gabrielle Lane	= Add
		Weston, FL 33326	□ Remove
			Change
MBR Angela Karachristos	500 SW 169th Avenue	= Add	
	Weston, FL 33326	□Remove	
			□Change
		□Add	
			□Remove
			Change
			□ Add
		Change	
			□ Add
			□Change
			□Remove
			□Change

			
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	ust be specific and cannot be prior to de block does not meet the applicable	(option ate of filing or more than 90 days after fil statutory filing requirements, this d	ing.) Pursuant to 605.0207 (3
e record specifies a delayed effect	ve date, but not an effective time,	at 12:01 a.m. on the earlier of: (b)	The 90th day after the
rd is filed.			
rd is filed. Dated	, 2023	d representative of a member	