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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900

Fax Number

: (305)285-<del>00</del>15

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

Email 1	Address:			
CMGII	AUGITESS:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES GRUPO H LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

p.2

Registration Section

TO:

## **COVER LETTER**

Division of Cor	porations		
	NES GRUPO H LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DARLIN ESPINOSA		<b>~</b> 2
		Name of Person	850 NEI
	RICHARDS & PARTNER	RS PA	2021 AUG 24 SECTATIVESS
		Firm/Company	55.
	2665 SOUTH BAYSHOR	E DRIVE STE 703	PH 4: 20
		Address	
	MIAMI, FL 33133		<u> </u>
	ediaz@richards-law.com	City/State and Zip Code	
	•	to be used for future annual report no	tification)
For further information of	concerning this matter, please c	ali:	
DARLIN ESPINOSA		305 858-9900 at ()	
Name o	f Person		me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	prporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr.	Tallahassee oe Street, Suite 810
i ununuanot,	• 17 Call	Z71314.1410111	as consult spece of a

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION **OF**

INVERSIONES GRUPO H LLC			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records. ompany)	-
the Articles of Organization for this Limited I. lorida document number	Liability Company were file	d on	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liability com	pany here:	
he new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
nter new mailing address, if applicable:	<del></del>		
Mailing address MAY BE A POST OFFICE	<u></u>		
		<del></del>	<u>-</u>
ent and/or the new registered office addre		on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:	ess here:		he name of the new regist
gent and/or the new registered office addre	ess here:  26665 SOUTH BAYSH		he name of the new regist
	ess here:  26665 SOUTH BAYSH	ORE DRIVE STE 703  Enter Florida street address	rida 33133

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 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>	Name	Address	Type of Action
MGR	HOYOS HOYOS, JULIAN	2665 SOUTH BAYSHORE DRIVE STE 703	🖬 Add
		MIAMI, FL 33133	□Remove
			Change
			□Add
			Remove
			□Change
			□Add
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ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the a nument's effective date on the Department of State's rec	pplicable st	of filing or me atutory filing	ore than 90 days	optional) after filing.) Pr , this date wil	ersuant to 605. I not be liste	()2( :d =
cord specifies a delayed effective date, but not an effect s filed.	live time, at	12:01 a.m. c	on the earlier o	f: (b) The 9	Oth day after	th
ed AUGUST 24 , 2021	·					
Lamande	~ H #~ A	WZ				
Signature of a member or			-xx		<del></del>	

Filing Fee: \$25.00