2/16/2021

Division of Corporations Division of Cerporations

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 : (954)384-8565 Phone

: (954)385-5175 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INGART LLC

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TO: Registration S Division of Co	ection rporutions					
ingart i	LLC					
SUBJECT:	Name of Limi	ted Liability Company				
	f Amendment and fee(s) are sub- condence concerning this matter t					
	DIEGO FIGUEROA					
		Name of Person			202 S.E	
	E&F LATIN GROUP LLC					
		Firm/Company				erwate consects
	1820 N CORPORATE LA	KES BLVD SUITE 1	109		2021 FEB 17 PM 4: 45 SEGRETAIN OF STATE	j
		Address			E S	
	WESTON, FL 33326				FATE	
		City/State and Zip C	ode		-	
	diego@eflatinaccounting.co	m to be used for future and	nual report notific	:ation)		
For further information	concerning this matter, please ca	all:				
DIEGO FIGUEROA		954 at ()	384-8565			
Name	of Person	Aren Code	Daytime	Telephone Number		
Enclosed is a check for	the following amount:					
¥ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing I Certified Cop (additional copy)	у	☐ \$60,00 Filing Certificate of Certified Control (additional control)	nf Status & ony	
<u>Mailing Addr</u> Registration	res: a Section	Reg	et Address: pistration Section of Corp			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahussee
2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGART LLC		
	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L21000031505		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi		<u> </u>
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbrevission "EEC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	20 P T
Enter new mailing address, if applicable:		ESTA 5
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Emer Flortda street address	
	, Florida	Zip Code
	City	eap Cine

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.

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	JAIMES, GONZALO	1820 N CORPORATE LAKES BLVD STE 103	
 —		WESTON, FL 33326	Remove
			Change
MGR	MANTILI.A, ELSA C	1820 N CORPORATE LAKES BLVD STE 103	□Add
,		WESTON, FL 33326	Remove
			200mgs
MGR DOMINGUEZ, JUAN C.	1820 N CORPORATE LAKES BLVD STE 103	FEB #47	
		WESTON, FL 33326	Remove
			THE DECEMBER
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