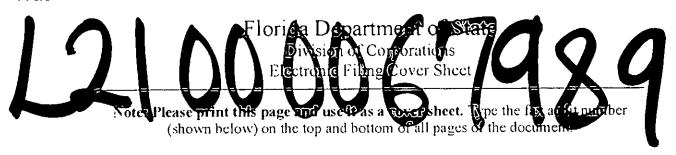
Division of Corporations



(((H21000094072 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

: (800)603-5868 Fax Number

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

Email Address: RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUPONT & ALONSO GROUP, LLC**

Certificate of Status	0
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M. SCIOMOR

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Help

To: 18506176383 From: 19165767036 Date: 03/08/21 Time: 12:37 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dupont & Al (Name of the Limited Liability Con	lonso Group, LLC npany as it now appears on our records	<u>s.)</u>
(A Florida Limite	ed Liability Company)	_
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>2/9/2</u> 021	and assigned
Florida document number 1.21000067989		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		-
		\$\frac{1}{2} \frac{1}{2} \frac{1}{2}
Enfer new mailing address, if applicable:		- 12 c
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		5.10
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	l office address on our records <u>nere</u> :	s, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	2.
		orida
	City	Zip Code

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

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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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Federico Alonso	1441 BRICKELL AVENUE, SUITE 1700	
		MIAMI, FL 33131	⊠ Remove
			Change
			□ Add
			□ Remove
			Change
			Add 20
			Remove 3
			Add MAR 3 AH 9: 36
			□ Remove
			Change
			Remove
			Change
			☐ Remove
			□ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Please file a name correct to list Federico Alonso once.

2021 HAR -8 AM 5: 30

E.	Effective date, if other than the date of filing:	(optional)
	off an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
	Note: If the date inserted in this block does not meet the applica	ble statutory filing requirements, this date will not be listed as the
	Journant's effective date on the Department of State's records.	

If the record 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 record is filed.

Dated	February 26	2021
	6.W	
	Sigy	ature of a member or authorized representative of a member
	Frederico Alonso	
		Typed or printed name of signee

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