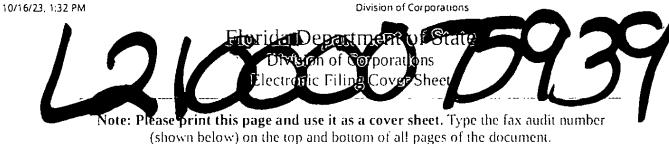
Division of Corporations



(((H230003616513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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

Email Address:\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SQ GLOBAL INVESTMENTS LLC

Certificate of Status	0
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رې S S 10/16/2023 10:37 33 PDT

To 18506176383

Page: 2/4

From: Registered Agents Inc.

Fax: 8134365206

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SQ <sup>*</sup> CLOBAL INVESTMENTS LLC			
(Name of the Limited Liability Comps (A Fiorda Limited)	ins as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company	were filed on 02/13/21	and assigned	
Florida document number L21000075939			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	dity company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	66 W Flagler St. Suite 900		
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33130		
	<del></del>		
Enter new mailing address, if applicable:	66 W Flagler St. Suite 900		
Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33130		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	e of the-new registe	
Name of New Registered Agent:		• <u>-</u>	
New Registered Office Address:		Tere I	
	Enter Florida street address	ယ် 	
	, Florida	ណ្	
	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.

10/16/2023 10 37.33 PDT+ +

Tc 18506176383

Page 3/4

From: Registered Agents Inc.

Fax: 813-365206

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GAITAN, DANIEL FELIPE	66 W Flager Street	□Add
		Ste 900-6628	⊇Remove
		MIAMI, FL 33130	□Change
MGR	ANDRADE, DIEGO LEONARDO, S	66 W Flager Street	
		Ste 900-6628	711
		MIAMI, FL 33130	Change
MGR	CALDERON GOMEZ, JOHAN SEBASTI	66 W Flagler St. Suite 900	
		Miami, F£ 33130	□Remove
			ПСhange
			i Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			EAdd
			□Remove

D. If amending any other inform	tation, enter change(s) here: (Attac	h additional sheets, if necessary.)
<u></u>		
-		
<u></u>	<u></u>	
		<del></del> -
		- 44
<ul> <li>(If an effective date is listed, the date m</li> </ul>	block does not meet the applicable statu	(optional) filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(hory filing requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12	(:01 a.m. on the earlier of: (b)—The 90th day after the
Dated October 16	2023	
And Ja	3 TH	
	Signature of a member or authorized repr	resentative of a member
Nat Smith		

Typed or printed name of signee