L21000113784

| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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21 APR -5 AH 10: 27

COVER LETTER

TO:

Registration Section Division of Corporations

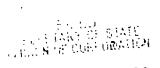
Tallahassee, FL 32314

| SUBJECT: | Name of Lin | nited Liability Company | |
|-----------------------------|--|---------------------------|--|
| The englosed Articles of | Amendment and free () are cult | amittad for filing | |
| | | - | |
| · | _ | · | |
| | CARLOS A. MANRARA | , CPA | |
| | | Name of Person | |
| | Name of Limited Liability Company mendment and feets) are submitted for filing. lence concerning this matter to the following: CARLOS A. MANRARA, CPA Name of Person SYED MANRARA & ASSOCIATES, LLC Firm/Company 300 SEVILLA AVENUE, SUITE 205 Address CORAL GABLES, FL 33134 City/State and Zip Code CARLOS@ZSMCPA.COM E-mail address: (to be used for future annual report notification) cerning this matter, please call: CPA at (| | |
| | | Firm/Company | |
| | Tricles of Amendment and feets) are submitted for filing. CARLOS A. MANRARA, CPA | | |
| | | Address | |
| | CORAL GABLES, FL 33 | 134 | |
| | - | | - |
| | - | | itication) |
| For further information c | | | |
| CARLOS A. MANRAR | A, CPA | 305 615-1458 | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| Mailing Addres | | | extion |
| Division of C | orporations | Division of Co | rporations |
| P.O. Box 632 | 7 | The Centre of | l'allahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 APR -5 AH 10: 22

| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records. .ability Company) | |
|--|---|------------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on 03/09/2021 | and assigned |
| Florida document number L21000113784 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | in Company "the lecimentary "LLC" | or the abbrariation of 1.000 |
| Enter new principal offices address, if applicable: | ny Company, the designation title of | artic apprevation (i.e.e. |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

| Name of New Registered Agent: | | |
|--------------------------------|---------------------------|---------------------|
| New Registered Office Address: | Enter Florida street addr | ess |
| | E | Florida Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

(Mailing address MAY BE A POST OFFICE BOX)

C2C2 INVESTMENTS, LLC

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

21 APR -5 AH 10: 22

| <u>Title</u> | <u>Name</u> | Address 21 APR 25 APR | Type of Action |
|--------------|-------------------|-----------------------------|----------------|
| MGR | LUZ HELENA CUERVO | e/o SMA LLC 300 SEVILLA AVE | \ |
| | | SUITE 205 | □Remove |
| | | CORAL GABLES, FL 33134 | □Change |
| | | | 🗆 Add |
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| Please change title of Leonardo Carrillo from AMBR to MGR. | dditional sheets, if 2 | 11 APR -5 | |
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| ective date, if other than the date of filing: MARCH 09, 2021 | (| optional) | |
| effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory | g or more than 90 days filing requirements | after tiling.) Pu this date wil | rsuant to 605.03 Linot be listed |
| ument's effective date on the Department of State's records. | time requirements | , this date wii | i not be fisted |
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| cord specifies a delayed effective date, but not an effective time, at 12:01 | a.m. on the earlier o | of the The 90 | Oth day after t |
| s filed. | on the carrier C | | any arter t |
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| ed MARCH 31 . 2021 | | | |
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| Signature of a member of profiled represent | tative of a member | | |

Filing Fee: \$25.00