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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

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Registration Section

Tallahassee, FL 32314

COVER LETTER

Divisi	on of Cor	porations					
	VENTUR	A SUMMER LLC			e age to		
SUBJECT: _		Name of Lin	nited Liability Compan	у			
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.				
Please return al	І сопсеро	ndence concerning this matter	to the following:				
		DIEGO FIGUEROA					
Name of Person			<u></u>	-			
E&F LATIN GROUP LLC							
Firm/Company 1820 N CORPORATE LAKES BLVD STE 109		•					
1820 N CORPORATE LAKES BLVD STE 109							
	Address					•	
WESTON, FL 33326				7.7			
	City/State and Zip Code			SES.	3		
		E-mail address:	(to be used for future as	nnual report notific	ation)	SECTION AUG	·
For further info	rmation c	oncerning this matter, please o	call:			27	*
DIEGO FIGUE	EROA		954	384 8565			,
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

AVENTURA SUMMER LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida U	Company as It now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L21000212335</u>	mpany were filed on 05/06/2021	and assigned
This amendment is submitted to amend the following:		
nter new mailing address, if applicable:		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." re new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS) re new malling address, if applicable: ling address MAY RE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered tand/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
ugent und/or the new registered office address here:	office address on our records, <u>enter the n</u>	ame of the new registered
 		
New Registered Office Addices:	Enter Florida street address	
	, Florida	
	•	Zip Code
New Registered Agent's Signature, if changing Registered /	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, and I a nt as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is
	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
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			□ Remove
			□ Change
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ated august 26	horized representative of a member	