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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**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 SALUD VAL PG GROUP LLC

Certificate of Status	0
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K. SALY SEP 10 2025

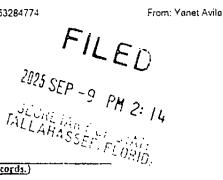
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Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



SALUD VAL PG GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/01/2021 and assigned Florida document number L21000302439
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Gustavo García González
New Registered Office Address: 4610 NW 83 PATH
Enter Florida street address
Doral Florida 33166
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 heing 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

_D Change

AMBR = Authorized Member

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

Title	Name	Address	Type of Action
			O Add
			□ Remove
			🗆 Change
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	effective date on the Depart	ment of State's fecords.			
Date of Add	specifies a delayed eff	octive data, but not a	affactiva tlav	. at 12:01 n =	65
The 90th	day after the record	is filed.	r checuve, time	s, at 12.173 a.n	i. on the eather of:
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