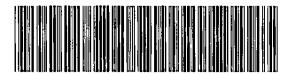
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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Pu | siness Entity Na | mal |
| ua) | Siless Entity Na | nie) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Div | ision of Cor | porations | | |
|----------------|-----------------|---|---|--|
| SUBJECT: | Ava Fuente | s Shoes LLC | | |
| SUBJECT. | | Name of Lim | nited Liability Company | |
| The spale and | l Adialaa af | A mondayant and foots) are ask | united Confiles | |
| The enclosed | 1 Articles of A | Amendment and fee(s) are sub | omitted for filling. | |
| Please return | all correspon | ndence concerning this matter | to the following: | |
| | | Edgard Zambrano, MBA | | |
| | | | Name of Person | |
| | | The Genesis Firm LLC | | |
| | | | Firm/Company | |
| | | 3105 NW 107th Avenue S | TE 400-E4 | |
| | | | Address | |
| | | Doral, FL 33172 | | |
| | | | City/State and Zip Code | |
| | | ed@thegenesisfirmlle.com | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For further in | formation co | oncerning this matter, please ca | all: | |
| Edgard Zam | brano, MBA | | 786 476-2863 | |
| - | Name of | Person | Area Code Daytime | Telephone Number |
| | | | | |
| Enclosed is a | check for the | e following amount: | | |
| \$25,00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Ava Fuentes Shoes LLC | | 22 Bit 1 |
|---|--|-------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) 🤈 — Liability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 08/23/21 | and assigned |
| Florida document number L21000377480 | | _ |
| 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 Liabi | lity Company," the designation "LLC" or the abbro | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | 10171 NW 58th Street , STE 9, Doral FL 3 | 33178 |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | 10171 NW 58th Street , STE 9, Doral FL 3 | 33178 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | e name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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

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> | <u>Address</u> | Type of Action |
|--------------|----------------------------|----------------------------------|----------------|
| AMBR | Ava M Fuentes Devis | 10171 NW 58th Street STE 9, Dorr | = Add |
| | | | Remove |
| | | | Change |
| AMBR | Carlos A Hernandez Montiel | 10171 NW 58th Street STE 9, Don | B Add |
| | | | Remove |
| | | | ☐ Change |
| AP | Ava M Hernandez | 5591 NW 112th Ave Apt115, Dom | Add |
| | | | Remove |
| | | | Change |
| MGR | Carlos A Hernandez | 5591 NW 112th Ave Apt115, Dora | |
| | | | ■ Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

| Ownership Interest | |
|---|---|
| Member | Ownership Interest % |
| Ava M Fuentes Devis | 50% |
| Carlos A Hernandez Montiel | 50% |
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| etive date, if other than the date effective date is listed, the date must be 1. If the date inserted in this block of ment's effective date on the Depart | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 does not meet the applicable statutory filing requirements, this date will not be listed |
| ecord specifies a delayed eff e 90th day after the record | fective date, but not an effective time, at 12:01 a.m. on the earlie is filed. |
| d September 21 | 2021 |
| | SIGN HERE |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee