Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APARICIO RUIZ ASOCIADOS LLC

| Certificate of Status | 0 |
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Electronic Filing Menu Corporate Filing Menu

Help

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Page: 3 of 5

APARICIO RUIZ ASOCIADOS LLC

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

| (Name of the Limited Liability Comput (A Florida Limited Li | y as it now appears on our record ability Company) | 5) | |
|---|--|--------------------------------|--|
| The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000410296</u> | were filed on 09/16/2021 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| The new name must be distinguishable and contain the words "Limited Liability | ty 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 acagent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new registere | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Flo | n rida | |
| , | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p. | performance of my duties, ar | nd I am familiar with and | |

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383 Page: 4 of 5 2021-10-13 14;57;16 GMT 13053284774 From: Yanet Avila

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> | Address | Type of Action |
|--------------|---------------------------|-----------------------------|----------------|
| AMBR | SANTIAGO APARICIO RUIZ | 3900 BISCAYNE BLVD UNIT 810 | |
| | | MIAMI, FL 33137 | Remove |
| , | | | □Change |
| AMBR | JUAN FELIPE APARICIO RUIZ | 3900 BISCAYNE BLVD UNIT 810 | BAdd |
| | | MIAMI, FL 33137 | □Remove |
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| Mective date, if other than | the date of filing: | e prior to dute of illing | or more than 90 days at | tional) ler filing.) Pursuant to 6 | 05 0267 (3)(|
| Note: If the date inserted in t | is block does not meet the | applicable statutory | filing requirements, t | his date will not be li | sted as the |
| locument's effective date on | ne Department of State 8 re | corns. | | | |
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| d is filed. | ective date, but not all effect | are time, at 12.01 a | i.iii, on the carrier or. | (b) The Soul day at | tot an |
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| Dated | 2021 | _ | | | |
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| | _I — Authentivor | | | | |
| Ø | 1 . | nerend | | | |
| Ø | Signature of a management | MN Trees represent | ative of a member | | |