Florida Department of States Mission of Corporations Execution of Fling Government of States Florida Department of States Mission of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO ENROLLED AGENT

Addount Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

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 CAPOTE SOLARTE INVESTMENTS, LLC.

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APPROVED AND FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CAPOTE SOLARTE INVESTM | | | | |
|--|----------------------|---|--------------------------|--------------------------|
| (Name of the Lim | (A Florida Limited | ny as it now socears on Liability Company) | our records.) | |
| the Articles of Organization for this Limited lorida document number 121000421607 | Liability Compவy | were filed on 09/24/2 | 021 | and assigned |
| his amendment is submitted to amend the fo | llowing: | | | |
| . If amending name, enter the new name | of the limited liab | ility company here: | | |
| \$/A | | | | |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the design | ation "LLC" or the at | obreviation "L.L.C." |
| nter new principal offices address, if appl | icable: | N/A | | |
| Principal office address MUST BE A STRE | | | | |
| nter new mailing address, if applicable: | | N/A | | |
| Mailing address MAY RE A POST OFFICE | E BOXI | | | |
| If amending the registered agent and/or gent and/or the new registered office addr | ess here: | address on our recor | ds, <u>enter the num</u> | ne of the new registerer |
| Name of New Registered Agent: | N/A | | | <u> </u> |
| New Registered Office Address: | N/A | | | <u> </u> |
| | | Enter Florida s | reei address Florida | PH 7 |
| | | | , | |

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 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> | Address | Type of Action |
|---|---------------------|-----------------|----------------|
| MGR | MANRIQUE, ADRIANA P | 14816 SW 31TER | []Add |
| | | MIAMI, FL 33185 | ■Remove |
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| Tective date, if other than the an effective date is listed, the date in | e date of filir | ng: | | | (optional) | |
| an effective date is listed, the date note: If the date inserted in this | ust be specific ar | nd cannot be prior | to date of filing of able statetory fi | r more than 90 day line-requiremen | rs after filing.) Put ts. this date will | mon be listed as |
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| record specifies a delayed effec | ive date, but no | ot an effective t | ime, at 12:01 a.i | n. on the earlier | of: (b) The 90 | h day after the |
| is filed. | | | · | | | |
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| APRIL 06. | | 2022 | | | | |
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Typed or printed name of signee