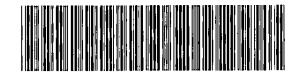
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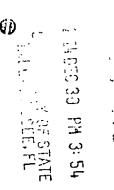
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TO: Registration Section Division of Corporations INVERSIONES MARIA C LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Vanessa Marquez Name of Person VM Legal Services Firm/Company PO Box 16434 Address Plantation, Florida 33318 City/State and Zip Code info@vmlegalservice.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vanessa Marquez Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **≅** \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 3 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our records.) i Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.21000422956	y were filed on <u>119/24/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "Ll.C" o	r the abbreviation "L.I.,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 agent and/or the new registered office address here:	address on our records, enter th	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	

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. Qr, 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.

**I**:

Docusign Envelope ID: 3BA03D5A-2F2B-4D9D-B800-B93C7CE4108E ri amending Authorized rerson(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
AMBR	Andres Garcia	PO Box 16434 Plantation, Florida 33318	<b>=</b> Add
			□ Remove
			□Change
AMBR	John Jairo Garcia	PO Box 16434 Plantation, Florida 33318	🗆 Add
			□Remove
			Change
			□Add
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m effectiv o <mark>te:</mark>	date, if other than the date of filing:  December 01 2024  (optional)  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lister's effective date on the Department of State's records.	
	occifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
as med.	Ġ <sup>r</sup> ā	
	/23/2024 Firmado por:	
is filed.	John Jairo Garcia  Signature of a member or authorized representative of a fill-fill-fill-fill-fill-fill-fill-fill	· •