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TO: Registration Section Division of Corporations ECONOMIZADORES INVESTMENTS 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: JORGE A CORREA OBANDO Name of Person ECONOMIZADORES INVESTMENTS LLC Firm/Company 14746 LADY VICTORIA BLVD Address ORLANDO, FL 32826 City/State and Zip Code dcorrea@economizadores.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DIEGO CORREA 3006019637 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 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

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ECONOMIZADORES INVESTMENTS 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 12/17/2021 ____ and assigned Florida document number L21000531450 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 "LLC." 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: New Registered Office Address: Enter Florida street address ___. Florida

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.

City

DocuSign Envelope ID: A26BBBE9-4C3D-4F5E-A2D7-9E0144FBD05D ri amenuing 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	CARLOS A CORREA OBANDO	14746 LADY VICTORIA BLVD, ORLANDO, FL	= Add
		32826	□Remove
			□Change
AMBR	DIEGO I. CORREA OBANDO	14746 LADY VICTORIA BLVD, ORLANDO, FL	= Add
		32826	□Remove
			□Change
		SECRETAL ALLAS	7022 HOV 30 □ Remove
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ective date, if other than the dieffective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	ne specific and cannot be prior to date ik does not meet the applicable st	of filing or more than 90 days a	ptional) after filing.) Pursuant to 605.020 this date will not be listed a
cord specifies a delayed effective of sfled.	date, but not an effective time, at	12:01 a.m. on the earlier of	(b) The 90th day after th
NOVEMBER 11	2022		
JOX	GE A CORREA OBANDO		
		epresentative of a member	