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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CG TAX, INC.

Account Number : I19990000017

: (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. \*\*

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Fmail	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MONTOYA CAPITAL INVESTMENTS, LLC

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T. LEMIEUX NOV 2 0 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MONTOYA CAPITAL INVEST			
(Name of the Lim	ited Liability Con (A Florida Limita	pany as it now appears on de Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Compa	ny were filed on $\frac{01/27/20}{1}$	)22 and assigned
Florida document number L22000030737	······································		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lis	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			. shell
-		<u> </u>	
		<del></del>	-:
B. If amending the registered agent and/or r agent and/or the new registered office addre	egistered office	address on our record	s, enter the name of the new registere
	<u> </u>		<del></del>
Name of New Registered Agent:	N/A		. <del></del>
New Registered Office Address:			
<del></del>		Enter Florida stre	et address
			, Florida
		Clip	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

Title	Name	Address	Type of Action
MGR	YISSET, SANZ CABRERA	2901 SW 107th ave	<b>≣</b> Add
		WESTCHESTER, FL 33165	□Remove
			Change
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ut not an effective time, at	12:01 a.m. on the earlier	of (b) The 90th day of	ter the
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2023			
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	ific said cannot be prior to date in not meet the applicable state of State's records.  ut not an effective time, at 2023	filing: ific and cannot be prior to date of filing or more than 90 days in not meet the applicable statutory filing requirement at of State's records.  ut not an effective time, at 12:01 a.m. on the earlier of the control of the carrier of the ca	filing:  (optional)  (filing:  (filing:  (filing)  (filing or more than 90 days after filing.) Pursuant to 6  is not meet the applicable statutory filing requirements, this date will not be limit of State's records.  (ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af