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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only





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22 SEP -7 AHID: LB

Garzon Consultants, LLC 1600 Ponce De Leon Blvd. 10 Floor, # 41 Coral Gables, FL 33134

Date: 08.29.2022

Via Certified Mail - Return Receipt Requested

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Amendment to Articles of Organization of Etreus Group, LLC

Dear Agency,

On behalf of the above-captioned entity, filed in the State of Florida-Division of Corporations see enclosed Articles of Amendment to the Articles of Organization. Acknowledge receipt of this letter and the enclosed form by signing or stamping the enclosed letter and returning it the self-addressed stamped envelope provided.

Please direct any questions regarding the enclosed form to my attention at the address listed above.

Thank you for your assistance to this matter.

Sincerely,

Ricardo A. Garzon Registered Agent

Garzon Consultants, LLC

Tel. 305.299-5127

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Divi | sion of Corp | orations | | | |
|----------------------------------|-----------------|--|---|---|--------------------|
| SUBJECT: | Etreus G | roup, LLC | | | |
| OBJECT | | Name of Limit | ed Liability Company | | |
| The enclosed | l Articles of A | Amendment and fee(s) are subn | nitted for filing. | | |
| | | ndence concerning this matter to | | | |
| | | Ricardo A. | Garzon | | |
| | | | Name of Person | | |
| | | Gar | zon Consultants, LLC | | |
| | | | Firm/Company | | |
| | | 1600 Pond | ce De Leon Blvd. 10 Floo | r #41 | . |
| | | | Address | | . WEILER |
| | | , | Coral Gables, FL 33134 | | 22 SEP -7 AH 10: 1 |
| | | | City/State and Zip Code | | 7 |
| | | ric | ardo@garzonconsultants.com o be used for future annual report notifi | cation) | 45 10: 48 |
| For further in | nformation co | n-mail address. (to proceed this matter, please ca | | , | 8 |
| i or initial i | mornanio. | , | | | |
| Ricardo A. Garzon Name of Person | | | at (_305) 299-5127 Area Code Daytime Telephone Number | | |
| | Name | T Classic | | | |
| Enclosed is | a check for th | ne following amount: | | | |
| ⊻ \$25,00 (| Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fe Certificate of St Certified Copy (additional copy is o | atus & |
| | giling Addres | | Street Address: | ction | |
| | egistration (| Section Corporations | Registration Sec Division of Cor | | |
| | 0. Box 632 | | The Centre of T | allahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Etreus Gro | oup, LLC | |
|--|--|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) .iability Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on _01/19/2022 | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | 5159 5th Way North | |
| (Principal office address MUST BE A STREET ADDRESS) | St. Petersburg, FL 33703 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | 5159 5th Way North St. Petersburg, FL 33703 address on our records, enter the name | e of the new régister |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Florida | |
| | 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 | • • • • | • - |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------------|--------------------------|-----------------|
| AMGR | Nicolas M. Pierola R. | 505 51st Avenue North | □ Add |
| | | St. Petersburg, FL 33703 | ∑ Remove |
| | | | □ Change |
| AMGR | Alejandro Pierola R. | 505 51st Avenue North | |
| , | | St. Petersburg, FL 33703 | i ⊠Remove |
| | | | Change |
| AMGR | Marcelo Pierola S. | 5159 5th Way North | |
| | | St. Petersburg, FL 30703 | 22 Spove 22 |
| | | | Z) Glange D |
| AMGR | Blanca P. Romero | 5159 5th Way North | |
| | | St. Petersburg, FL 30703 | Remove |
| | | | Ϫ Change |
| | | | □Add |
| | | | Петюче |
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| | | | □Add |
| | | | Петоve |
| | | |]Change |

| The Entity has applied | and granted with an Employer Identification | |
|--|---|--|
| Number (EIN). The BIN | assigned is: 61-2023407. Please be so kind to add | |
| this EIN to the articl | es of organization. | |
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| | e specific and cannot be prior to date of filing or more than 90 days after filing.) Purs s does not meet the applicable statutory filing requirements, this date will r | |
| cord specifies a delayed effective d s filed. | late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th | h day after th |
| od August 29th | | |
| | enature of a member or authorized representative of a member | |
| | | |