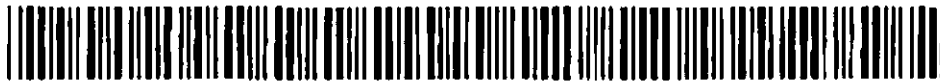


L22000044063

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000055434 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : E & F LATIN GROUP LLC  
Account Number : 120160000049  
Phone : (954)384-8565  
Fax Number : (954)385-5175

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2022 FEB 14 PM 5:09  
TALLAHASSEE FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Office@eflatinaaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PIRAI DREAMS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 FEB 14 AM 4:43

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PIRAI DREAMS LLC**  
\_\_\_\_\_  
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:

DIEGO FIGUEROA  
\_\_\_\_\_  
Name of Person  
  
E & F LATIN GROUP LLC  
\_\_\_\_\_  
Firm/Company  
  
1820 N CORPORATE LAKES BLVD STE 109  
\_\_\_\_\_  
Address  
  
WESTON, FL 33326  
\_\_\_\_\_  
City/State and Zip Code  
  
DIEGO@EFLATINACCOUNTING.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIEGO FIGUEROA \_\_\_\_\_ at ( 954 ) 3848565  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2022 FEB 14 PM 5:09  
CLERK OF CIRCUIT COURT  
TALLAHASSEE FLORIDA

PIRAI DREAMS 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 02/03/2022 and assigned  
Florida document number L22000044063.

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 "L.L.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 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 \_\_\_\_\_  
City 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NELSON JAVIER PALACIO	2665 EXECUTIVE PARK DR SUITE 2	<input checked="" type="checkbox"/> Add
		WESTON FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEIDA MARIA ZAPATA	2665 EXECUTIVE PARK DR SUITE 2	<input checked="" type="checkbox"/> Add
		WESTON FL 33331	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARTINEZ ZAPATERO, CARLO	2665 EXECUTIVE PARK DR SUITE 2	<input type="checkbox"/> Add
		WESTON FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DE LA ESPRIELLA, LAURA ZAI	2665 EXECUTIVE PARK DR SUITE 2	<input type="checkbox"/> Add
		WESTON FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 FEB 14 PM 5:00  
 LAURA ESPRIELLA  
 LAURA ESPRIELLA

**FILED**

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

EIN 88-0627159

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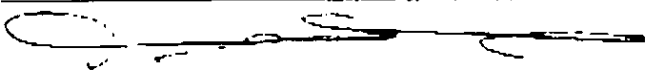
2022 FEB 14 PM 5:09  
 ALABAMA SECRETARIAT

FILED

**E. Effective date, if other than the date of filing:** 02/03/2022 (optional)  
 (If an effective 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 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEBRUARY 10 2022



Signature of a member or authorized representative of a member

DIEGO FIGUEROA

Typed or printed name of signer