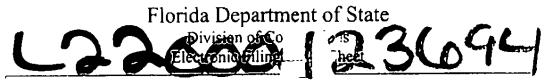
From: Martin Collante

5/12/22, 2:34 PM

Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : 120060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES CRISVAL LLC

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Help

company has been notified in writing of this change.

To: -18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES CRISV			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our (Company)	(ecords.)	
The Articles of Organization for this Limited Liability Company were fill Florida document number	iled on03/2	25/2022 and assigned	:d
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation	"LLC" or the abbreviation "L.L.C."	4
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 agent and/or the new registered office address here:	s on our records,	enter the name of the new re	gister
Name of New Registered Agent:			
New Registered Office Address:			
TOW INCESTIGATION	Enter Florida street	address	
		, Florida Zip Code	
Cit	יל	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor accept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addre	mance of my duti ed for in Chapter	ies, and I am familiar with a 605, F.S. Or, if this docume	nd

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

Page.*3 of 4

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VALENZUELA, CRISTOBAL E	114 NW 25TH ST	= Add
		#33 OFFICE 002	□Remove
		MIAMI, FL 33127	C)Change
			□Add
			🗆 Remove
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Page: 4 of 4

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effective da e: If the d	te is listed, the d ate inserted in	on the date of the specificate must be specificated this block does the Department	ic and cannot be not meet the ap	prior to date of opticable statu	filing or more tha	option (option 90 days after fi irements, this c	ial) ling.) Pursuant to 605. late will not be liste
cord specif i filed.	ies a delayed e	ffective date, bu	t not an effecti	ve time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day after
ed	MAY	12TH	2022				
		~ /	N				

Typed or printed name of signee