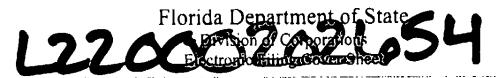
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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

Email Address: support@eflatinaccounting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

GAOG LLC

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Tallahassee, FL 32314

COVER LETTER

| TO: | Registration Se Division of Cor | | , , , , , , , , , , , , , , , , , , , | 4 |
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| ORIDAD. | GAOG LLO | C | 3.0 | |
| SUBJE | C1: | Name of Lim | ited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | DIEGO FIGUEROA | | |
| | | | Name of Person | |
| | | E&F LATIN GROUP LLO | 3 | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | | 1820 N CORPORATE LA | KE BLVD STE 109 | |
| | | | Address | |
| | | WESTON FL 33331 | | |
| | | | City/State and Zip Code | |
| | | diego@eflatinaccounting.co | om to be used for future annual report | |
| For furt | her information c | oncerning this matter, please c | | nouneacion |
| DIEGO | FIGUEROA | | 954 384 8 | 3565 |
| | Name o | f Person | | ytime Telephone Number |
| Enclose | d is a check for t | he following amount: | | |
| ■ \$25 | 5,00 Filing Fce | ☐ \$30 00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Malling Address Registration 5 | | Street Addres Registration | |
| | Division of C P.O. Box 632 | Corporations | Division of | Corporations of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GAOG LLC | <u></u> _ | | | |
|---|---|--------------------------|--------------------|--------------|
| (Name of the Limi | ted Liability Company as it now appear (A Florida Limited Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited L Florida document number | iability Company were filed on | 05/13/2022 | and as | signed |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liability company he | <u>re</u> : | | |
| The new name must be distinguishable and contain the | words "Limited Liability Company," the de | esignation "LLC" or t | he abbreviation "[| L.C." |
| Enter new principal offices address, if appli- | cable: | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | | |
| | | | | <u></u> _ |
| | | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | | ecords, <u>enter the</u> | name of the ne | w registered |
| Name of New Registered Agent: | E&F LATIN GROUP LLC | | 2 AU CAR CAR | 7. |
| New Registered Office Address: | 1820 N CORPORATE LAKE BL | VD STE 109 | 6 22 | PPH |
| | Enter Flor | ida street address | <u> </u> | <u> </u> |
| | WESTON | , Florid | * 2 7 3 3 1 2 C | <u>n</u> 3, |
| | Cip | | Zi <u>p C</u> ode | |

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.

Siego Flyner va

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> | Name | Address | Type of Action |
|--------------|------------------------|------------------------------|----------------|
| AMBR | STELLA GARZÓN DE ORTIZ | 2665 EXECUTIVE PARK DR STE 2 | 🗎 Add |
| | | WESTON, FL 33331 | □ Remove |
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| ective date, if other than the deflective date is listed, the date must be if the date must be if the date inserted in this blooment's effective date on the Dep | ek does not meet the applicable . | te of filing or more than 90 day statutory filing requiremen | (optional) ys after filing.) Pursuant to 605.0 ts, this date will not be listed |
| ord specifies a delayed effective filed. | date, but not an effective time, a | a 12:01 a.m. on the earlier | of: (b) The 90th day ofter t |
| J AUGUST 22 | 2022 | | |
| | Diego Flegue ignature of whienher or authorized | wa | |
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