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# Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (786)713-1940

\*\*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 RESTREPO RUIZ INVESTMENTS LLC

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTREE DATES INVESTMENTS LLC

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	HA A ISO I MICHALI		
(Name of the Limited Liability Comp (A Florida Limited	any as it now app Liability Compan	gears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number. <u>L22000301154</u>	y were filed on	07/06/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company	here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," th	e 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 agent and/or the new registered office address here:	address on our	records, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address Florida	FILED PH
	City		Zip Code ·
New Registered Agent's Signature, if changing Registered Agent:			22

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.

A

If Changing Registered Agent, Signature of New Registered Agent

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### H220003685443

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
MGR	RESTREPO CARDONA, DIEGO A	9660 SW 72 ND STREET	■Add
		MIAMI, FL 33173	□Remove
		·	□Change
MGR	RESTREPO CARDONA, JAMES A	9660 SW 72 ND STREET	DAdd
		MIAM1, FL 33173	≣Remove
,			□Change
AMBR	RUIZ MARTINEZ, ERLWIN A	9660 SW 72 ND STREET	
		MIAMI, FL 33173	≅ Ŕemove
			☐ Change
			□Add
•	,		□Remove
		<del>4 - 11 - 1</del>	Change
	<del></del>	<del> </del>	□Add
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			Change
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Note:	ve date, if other than the date of filing:
e record rd is fil	d 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 ed.
Dated .	OCTOBER 26TH 2022
	(Just Hurse)
	Signature of a member or flitherized representative of a member