L22000321845

| (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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RECEIVED

Sunshine State Corporate Compliance Company

-3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

| DATE 11/22/2022 | | <i>⇔WALK I</i> N⇔ |
|--|---|-------------------|
| ENTITY NAME ISLA BL | ANCA USA, LLC | |
| DOCUMENT NUMBER_L | _22000321845 | |
| | **PLEASE FILE THE ATTACHED AND RETURN** | |
| XXXXXXX | Plain Copy Certified Copy Certificate of Status | |
| **** | CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing | |
| | **APOSTILLE' / NOTARIAL CERTIFICATION** | |
| COUNTRY OF DESTINATI NUMBER OF CERTIFICAT | | - |
| TOTAL OWED \$25.00 | ACCOUNT #: 120160000072 | |
| Please call Tina at th | e above number for any issues or concerns. Thank you so m | euch! |

COVER LETTER

TO:

| | Registration So Division of Co | | | |
|---|-----------------------------------|--|---|--|
| SUBJEC | | NCA USA LLC | | |
| | | Name of Lin | tited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | Mary E. Van Winkle | | |
| | | | Name of Person | |
| | | Van Winkle & Sams, P.A. | | |
| | | | Fim/Company | |
| | | 3859 Bcc Ridge Road, Sui | ite 202 | |
| | | | Address | |
| | | Sarasota, FL 34233 | | |
| | | 1 com inklo224 gmail com | City/State and Zip Code | |
| | | Lvarwinkle23/a gmail.com | to be used for future annual report not | thediani |
| For furth | er information c | oncerning this matter, please c | · | meanon) |
| Mary E. | Van Winkle | | 941 923-1685 | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | is a check for th | nc following amount: | | |
| ■ \$25.0 | 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 Addres | | Street Address: | |
| Registration Section Division of Corporations | | Registration Section | | |
| | P.O. Box 632 | • | Division of Cor The Centre of T | |
| | Tallahassee, I | | | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

ISLA BLANCA USA LLC

2022 NOV 22 PM 12: 44

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on July 21, 2022 and assigned Florida document number <u>L22000321845</u> 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 "LLC." 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 __

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 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 | Luis Fernando Fernandez Diaz-Chiron | 5077 Fruitville Road, Suite 408 | |
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| ffective date, if other an effective date is listed, to the date inserted ocument's effective date. | the date must be specifie d in this block does r | c and cannot be prion not meet the appli | cable statutory fil | more than 90 days at | otional) Ver filing.) Pursu this date will no | ant to 605.020° of be listed as |
| record specifies a delay l is filed. | ed effective date, but | l not an effective | time, at 12:01 a.n | n. on the earlier of: | (b) The 90th | day after the |
| November ated | 22 nd | | <u> </u> | | | |
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