### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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10:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORMIAMI.COM INC

Account Number : I20200000130 Phone : (954)345-7888 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.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVESTMENTS JAVIER CASTRO LLC

Certificate of Status	0
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Page Count	03
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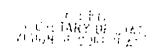
Corporate Filing Menu

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



From: TAXLEAF.COM CONTADORAMERICA.

2022 NOV 30 AM 11: 27

INV	ESTMENTS.	JAVIER CASTRO LLC	
(Name of the Limited L (A)	jability Compa lorida Limited I	ny ny it now appreary on our Liability Company)	records.)
he Articles of Organization for this Limited Liabil lorida document number 1.22000323724	lity Company	were filed on 07/21/2022	2 and assigned
his amendment is submitted to amend the following	 ng;		
If amending name, enter the new name of the	e limited liab	ility company here:	
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designatio	n "EEC" of the abbreviation "E.E.C."
Inter new principal offices address, if applicable:		3535 NW 83rd Ave, Su	ite 121
Principal office address MUST BE A STREET A	DORAL, F1, 33122		
Inter new mailing address, if applicable:		3535 NW 83rd Ave, Su	ite 121
Mailing address MAY BE A POST OFFICE BO.	DORAL, FL 33122		
3. If amending the registered agent and/or registered and/or the new registered office address he	ere:	address on our records,	enter the name of the new regist
Name of New Registered Agent:		NAD CEE P	·
New Registered Office Address:	537 SHELDO	ON RD STEEE Enter Florida sitee	t midress
1	ГАМРА	Greet I CO III MIC	, Florida 33615
-		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

#### H22000403486 3

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, and <u>address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			ПЯсточе
			□Change
			DAJd
			□Remove
			[]Change
	<u> </u>	·····	∐Add
			□Remove
			ÜAdd
			Remove
			□Change
			Change
			□Add
			□Change

# D. If amending any other information, enter change(s) here: (Attach additional sheet 1977) 4411:27 (optional) E. Effective date, if other than the date of filing: \_ (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 (5)(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. NOVEMBER 15TH 2022

Signature of a member or authorized representative of a member

JAVIER A CASTRO GAVIRIA

Typed in printed name of signee