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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MAYNARD COOPER & GALE, P.C.

Account Number : I20220000140 Phone : (407)647-2777 Fax Number : (407)647-2157

\*\*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 AMNU/RESTATE/CORRECT OR M/MG RESIGN PINHEIRO CAPITAL INVESTING, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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CEP 21 2022

## H22000325992 3 **COVER LETTER**

|                   | gistration Sec<br>vision of Corp |   |   |
|-------------------|----------------------------------|---|---|
| endire.           | -                                | oital Investing, LLC  |   |
| SUBJECT:          |                                  | Name of Limit   | ed Liability Company  |
| The enclose       | d Articles of /                  | Amendment and fee(s) are subn                               | nitted for filing.  |
| Please return     | n all correspor                  | ndence concerning this matter t                             | o the following:  |
|                   |                                  | Brian A. Mills, Esquire                                     |   |
|                   |                                  |   | Name of Person  |
|                   |                                  | Maynard, Cooper & Gale, I                                   | P.C.  |
|                   |                                  |   | Firm/Company  |
|                   |                                  | 200 East New England Ave                                    | nue, Suite 300  |
|                   |                                  |   | Address   |
|                   |                                  | Winter Park, Florida 32789                                  |   |
|                   |                                  |   | City/State and Zip Code   |
|                   |                                  | BMills@maynardcooper.cor                                    |   |
|                   |                                  |   | o be used for future annual report notification)  |
| For further i     | information co                   | ncerning this matter, please ca                             | II:   |
| Brian A. M        | ills, Esquire                    |   | 407 647-2777  |
|                   | Name of                          | Person  | at () Area Code Daytime Telephone Number  |
| Enclosed is       | a check for th                   | c following amount:   | en e  |
| <b>≘ \$2</b> 5.00 | Filing Fee                       | S30.00 Filing Fee & Certificate of Status                   | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed) |
|                   |                                  | .i.<br>. <del></del>  | 후<br>= :<br>< !   |
| Ms                | iling Address                    | ر بازی در این از این از | Street Address:   |
|                   | gistration S                     |   | Registration Section  |
|                   | vision of Co                     |   | Division of Corporations  |
|                   | O. Box 632                       |   | The Centre of Tallahassee   |
| Ta                | llahassee, F                     | L 32314   | 2415 N. Monroe Street, Suite 810  |

Mai<sup>6</sup> 2. <u>5</u> Registra ion 50.

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Pinheiro Capital Investing, LLC   |  |                                       |
|---|--|---------------------------------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited               | pany as it now appears on our records.)<br>I Liability Company)  |                                       |
|   |  |                                       |
| The Articles of Organization for this Limited Liability Compani         | y were filed on August 12, 2022 and assig                        | ned                                   |
| Florida document number L22000356230                                    |  |                                       |
| This amendment is submitted to amend the following:                     |  |                                       |
| A. If amending name, enter the new name of the limited lia              | bility company here:   |                                       |
| Pinheiro Capital Investments, LLC                                       |  |                                       |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "LLC" or the abbreviation "L.L. | <del>C.</del>                         |
| Enter new principal offices address, if applicable:                     |  |                                       |
| (Principal office address MUST BE A STREET ADDRESS)                     |  |                                       |
|   |  | <del></del>                           |
|   |  | <del></del>                           |
| Enter new mailing address, if applicable:                               |  |                                       |
| •   |  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)                              |  | <del></del>                           |
|   |  | <del></del>                           |
| B. If amending the registered agent and/or registered office            | e address on our records, enter the name of the                  | registered                            |
| agent and/or the new registered office address here:                    | 22 S   | <del> </del>                          |
|   |  | _ *                                   |
| Name of New Registered Agent:   |  |                                       |
| Name Books and Office Address   |  | EQC                                   |
| New Registered Office Address:  | Enter Florida street address                                     | C Leisterei                           |
| · · · · · · · · · · · · · · · · · · ·                                   |  |                                       |
| · · · · · · · · · · · · · · · · · · ·                                   | City , Florida, Florida  |                                       |
| New Registered Agent's Signature, if changing Registered Agen           | <u>t:                                    </u>                    | s Regise red Ag                       |
| I hereby accept the appointment as registered agent and ag              |  |                                       |
| provisions of all statutes relative to the proper and complete          |  |                                       |
| accept the obligations of my position as registered agent as            | s provided for in Chapter 605, F.S. Or, if this docum            | <b>ent is</b> he all ligat            |
| being filed to merely reflect a change in the registered offic          |  | ng filed to move or<br>npany natobaco |
| company has been notified in writing of this change.  2415 marco        | 1 2211   | regressing recess to see              |
| 2415 mrc  |  |                                       |

If Changing Registered Agent, Signature of New Registered Agent

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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>          | <u>Name</u>   | Address                                | Type of Action |
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| nective<br>m effecti | date, ii other<br>ve date is listed, i | than the date<br>the date must be sp | OI Hung:<br>ecific and cann | ot be prior to d | ate of filing or | more than 90   | (optiona<br>days after filir | 1)<br>ng.) Pursuant to ( | 605.0207 (3)(b) |
| <u>ote:</u> If t     | the date inserte                       | d in this block do                   | oes not meet i              | the applicable   | statutory fil    | ing requirem   | ents, this da                | te will not be I         | isted as the    |
| cument               | 's effective dat                       | e on the Departn                     | nent of State'              | s records.       |                  |                |                              |                          | J~ •            |
|                      |  |                                      |                             |                  |                  |                |                              |                          |                 |
| ecord sp             | pecifies a delay                       | ed effective date                    | , but not an e              | ffective time,   | at 12:01 a.m     | i. on the earl | ier of: (b)                  | The 90th day a           | fler the        |
| is filed.            |  |                                      |                             |                  |                  |                |                              |                          | :0              |
|                      | ·                                      | 1 70 10                              | ş                           | 7<br>7. VI       |                  | Ţŀ:            |                              |                          |                 |
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Typed or printed name of signee

Filing Fee: \$25.00