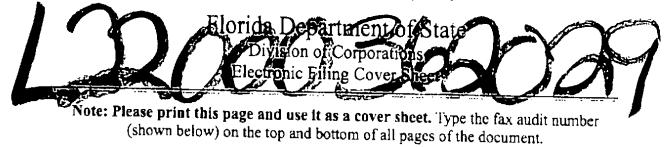
Division of Corporations



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| | Division of Corporations | |
| | Fax Number : (850)617-6383 | |
| From: | <u>.</u> | |
| | ACCOUNT Name : RCA ACCOUNTING SERVICES CORP | |
| | Account Number : I2018000102 | |
| | Phone : (385)799-7633 | |
| | Fax Number : (305)564-6857 | |
| | (355)354 6637 | |
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| TTEnter | the email address for this business entity to be used for future | |
| anı | nual report mailings. Enter only one email address please.** | - |
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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX NOV 16₀2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GRUPO LUCES 1203 LLC | | |
|--|--|--|
| (Name of the Limited Unbil | lity Company as it now appears on our rec la Lamited Liability Company) | rords.) |
| The Articles of Organization for this Limited Liability (| Company were filed on 08/18/2022 | and assigned |
| Florida document number L22000362029 | | |
| This amendment is submitted to amend the following: | _ | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "I | LC" or the abbreviation "L.I. C." |
| Enter new principal offices address, if applicable: | · | |
| Principal office address MUST BE A STREET ADDI | PFCC1 | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Mailing address MAY BE A POST OFFICE BOX) | | (m) |
| The second secon | | |
| | | |
| If amending the registered agent and/or registered gent and/or the new registered office address here: | d office address on our records, ent | er the name of the new registe |
| | | <u></u> |
| Name of New Registered Agent: | | <u> </u> |
| New Registered Office Address: | | |
| - | Enter Florida street add | iress |
| | | Florida |
| | 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 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 | ARQUIMEDES JOSE LUCES SOTO | 651 CASTERTON CIR. | □Add |
| | | DAVENPORT, FL 33897 | - |
| MGR | SIVELIS MELISSA ALGALA DE LUGES | 651 CASTERTON CIR. | Change |
| | SIVELIS MELISSA ALCALA DE LUCES | DI CASTERTON CIR. | ■ Add |
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| core s fil | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at d. | ter th |
| ed . | · · · · · · · · · · · · · · · · · · · | |
| | 1D1 Arquimedes one fuces file Signature of extremely authorized representative of a member | |
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