Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003354373)))



H220003354373ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP

Account Number : I20200000059 Phone : (954)727-9771

Fax Number : (954)727-9773

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 SIGNORET INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

2022 SEP 29 AM 10: 40

18:11:11:67:48 200

Registration Section

TO:

Div	ision of Corpo	orations			
SUBTROT:	SIGNORET I	NVESTMENTS LLC			
SUBJECT.		Name of Limit	ed Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	dence concerning this matter to	o the following:		
		JORGE ANDRE SIGNORE	ΞΤ		
			Name of Person		
		LAMADRID FINANCIAL	SERVICES		
			Firm/Company		
		10154 W FLAGLER ST			
			Address		
		MIAMI, FL 33174			
		<u> </u>	City/State and Zip Code	<u> </u>	
		INFOI@LAMADRIDFINA			
			o be used for future annual r	ерон поинсацоп)	
For further i	information co	ncerning this matter, please ca	.ll:		
JORGE AN	IDRE SIGNOF	RET	305 480 at ()		
	Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is	a check for the	following amount:			
₩ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000 335437 3

Ser, 29. 2022 11:12AM

No. 0008 P. 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SIGNORET INVESTMENTS LLC		
(Name of the Limited (A	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liab	ility Company were filed on 08/19/2022	and assigned
lorida document number L22000372298		
his amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
he new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	-	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		r the name of the new regists
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida street addr	
	Enter Fiorius sireet aaar	272
		Florida Zio Code
	City	Zio 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

If ar Sec. 29, 2022011: 13AM; son(s) authorized to manage, enter the title, name, and address (No. 000 Sersof). Ling added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JORGE ANDRE SIGNORET	112 OLD BRIDGE LAKE	□Add
		HOUSTON, TX 77069	□Remove
			■ Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			OChange
			□Add
			□Remove
			Change

	 -
	M
Note	tive date, if other than the date of filing: (optional) (fective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord 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 filed.
Dated	09/29/2022

H220003354373

Typed or printed name of signee