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.

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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 : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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 ISITA INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Cliarge	\$25,00

C. BRUMBLEY SEP 2 6 2022

COVER LETTER

TO: Registration Se Division of Cor				
	ESTMENT LLC			
SUBJECT:	Name of Lim	ited Liability Company	A48565 Daytime Telephone Number & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Picase return all correspo	ndence concerning this matter	to the following:		
	DIEGO FIGUEROA			
		Name of Person		
	E&F LATIN GROUP LLC			
		Firm/Company		
	1820 N CORPORATE LA	KES BLVD STE 109		
		Address		
	WESTON FL 33326			
		City/State and Zip Code		
	diego@cflatinaccounting.cc		· 	
For further information c	e-mail address: (incation)	
DIEGO FIGUEROA		954 3848565 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy	
Mailing Address Registration S		Street Address: Registration Sc	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	Fallahassee oc Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISITA INVESTMENT LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	5)
he Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
lorida document number L22000397675		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lis	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC	" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		20 <u>7</u>
Principal office address MUST BE A STREET ADDRESS)		S S
		AJAS
		Y OF T
Enter new mailing address, if applicable:		D S S
Mailing address MAY BE A POST OFFICE BOX)		7 · · · · · · · · · · · · · · · · · · ·
	<u></u>	
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter</u>	the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	, Flo	orida Zin 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	<u>Address</u>	Type of Action
AMBR	MARTHA DAVID VALLEJO	1086 CREEKFORD DRIVE	
		WESTON, FL 33326	≡ Remov e
			□ ∧dd
			□Remove
			Change
			□Add
			Remove
			Change
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			□Remove
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ective date, if other than the a effective date is listed, the date must	st be specific and cannot be	prior to date of fili	ng or more than 90 da	ys after filing.) Pursuant	to 605.020
te: If the date inserted in this blooment's effective date on the D			ry filing requiremen	its, this date will not b	he listed a
cord specifies a delayed effectiv	e date, but not an effect	tive time, at 12:0	a.m. on the earlier	of: (b) The 90th da	y after th
s filed.					
SEPTEMBER 20	2022				
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	Dies	o Hame	200		
	Signature of a member of	nuthorized represe	miative of a member		
	11	_			

Filing Fee: \$25.00