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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : R&P ACCOUNTING AND TAXES INC

Account Number : I20170000090 Phone : (305)358-1310

Fax Number : (305)503-6701

Enter the email address for this business entity to be used for furtire annual report mailings. Enter only one email address please.

Email Address: acod 8723 agmail.com

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 OCT -8 PM 1: 17

TALLAHASSEE, FLORIDA

FENIX PRO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (Principal office address MUST BE A STREET AD | DRESS) |
|--|--|
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | ered office address on our records, enter the name of the new registered |
| agent and/or the new registered office address he | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | en 11 |

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.

Cin

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

| Title | <u>Name</u> | <u>Address</u> | Type of Action |
|-------|----------------------------|---|----------------|
| AMBR | FABIO BRICENO BUENO | 150 SE 2ND AVE STE 404 MIAMI, FL 33131 | REMOVE |
| AMBR | EDGAR O VILLAMIZAR FUENTES | 150 SE 2ND AVE STE 404 MIAMI, FL 33131 | REMOVE |

TĂLLANASSEE, FLORIDA

| D. If amending any other information, ente | r change(s) here: (Attac | ch additional sheets, if necessar | v.) |
|---|---|---|---------------------------------|
| JUAN CARLOS RINCON MORA | AMBR | 100% | |
| | | | |
| | | | |
| | | | |
| E. Effective date, if other than the date of fi (If an effective date is listed, the date must be specific Note: If the date inserted in this block does n document's effective date on the Department | c and cannot be prior to date o tot meet the applicable stat | (optional filling or more than 90 days after filing autory filing requirements, this date | ;.) Pursuant to 605.0207 (3)(b) |
| If the record specifies a delayed effective date, but | not an effective time, at I | 2:01 a.m. on the earlier of; (b) Th | ne 90th day after the |
| Dated OCTOBER 2, 2024 | <u> LioBuum</u> | oB | |
| Signature o | f a member or authorized rep | presentative of a member | |
| ļ | | | |
| | FABIO BRICENO | | |
| | Typed or printed name | | |

Signature of a member or authorized representative of a member

EDGAR O VILLAMIZAR FUENTES
Typed or printed name of signee