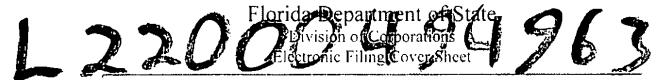
12/19/23, 12:57 PM **Division of Corporations**



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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)527-6617 Fax Number : (786)713-1940

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

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPANIATE HALANIAC LLA

	ted Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	eur records.)	
The Articles of Organization for this Limited L. Florida document number 1.22000494963	iability Company	were filed on 11/21/2	2022	and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	Inty Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8040 CLEARY BLV	'D, APT 413	
		PLANTATION FL 3	3324	2:]
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8040 CLEARY BLV PLANTATION FL 3		.?
				ن. د:
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ALEJANDRO	address on our record FUENMAYOR FEBRE CBLVD APT 413		ne of the new regist
		Emer Florida street address		
	PLANTATION		Florida _ ^{3.}	3324 Zip Cock
		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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	CARLOS ARRIAGA LEGORBURU	19621 BACK 9 DR	□ Add
		BOCA RATON, FL 33498	■Remove
			□ Change
AMBR	ISABELLA PIESCHACON	8040 CLEARY BLVD, APT 413	■Add
		PLANTATION, FL33324	□Remove
			□Change
MGR	ALEJANDRO FUENMA YOR FEBRES	8040 CLEARY BLVD, APT 413	□ Add
		PLANTATION, FL33324	□Remove
			■Change
			
			□Change
			□Add
			Remove
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fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block of cument's effective date on the Depart	does not meet the applicable	ate of filing or more than 90 o statutory filing requirem	_ (optional) lays after filing.) Pursuant to ents, this date will not be	605.020 Histed a
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ecord specifies a delayed effective dat is filed	2023	at 12:01 a.m. on the early	<i>1</i>	atter in
ecord specifies a delayed effective dat is filed NOVEMBER 30TH and		4	9	atter inc