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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : 12014000060 Phone : (305)406-3800 Fax Number : (305)406-3999

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

Email Address:\_\_

## Z LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AJIVEL EXPORT LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

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Electronic Filing Menu Corporate Filing Menu

Help JUL 13 2023

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AJIVEL EXPORT LLC  |  |                             |
|--|--|-----------------------------|
| (Name of the Limited Liability (A Florida  | ty Company as it now appears on our records.) Limited Liability Company) |                             |
| The Articles of Organization for this Limited Liability Conference of Organization for this Conference of Organization for Organizat | Company were filed on 01/23/2023   | and assigned                |
| This amendment is submitted to amend the following:  |  |                             |
| A. If amending name, enter the new name of the limi  | ited liability company here:   |                             |
| The new name must be distinguishable and contain the words "Limit  | ited Liability Company," the designation "LLC" or the                    | abbreviation "L.L.C."       |
| Enter new principal offices address, if applicable:  |  |                             |
| (Principal office address MUST BE A STREET ADDR  | ESS)   |                             |
|  |  |                             |
| Enter new mailing address, if applicable:  |  |                             |
| (Mailing address MAY BE A POST OFFICE BOX)   | ·  |                             |
| (Managauress MAT BE AT UST OFFICE BUA)   |  | 722                         |
|  |  | <u> </u>                    |
| B. If amending the registered agent and/or registered  | l office address on our records, enter the na                            | =<br>me of the new register |
| agent and/or the new registered office address here:   |  | N r                         |
|  |  | . <u>"D</u> C"              |
| Name of New Registered Agent:  |  | · 🔆                         |
| New Registered Office Address:   |  | 02                          |
| Transport Control (100,055).   | Enter Florida street address   | <del></del>                 |
|  | . Florida  |                             |
|  | City   | 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.

Jan 01 2000 .05:51 AM HP Fax 3054063999

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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 |
|--------------|-------------------------|----------------------|----------------|
| AMBR         | CLARA INES VELASQUEZ S  | 230 NE 4ST UNIT 2102 | _              |
|              |                         | MIAMI FL 33132       | ■Add           |
|              |                         |                      |                |
| AMBR         | AMBR ALVARO VELASQUEZ V | 230 NE 4ST UNIT 2102 |                |
|              |                         | MIAMI FL 33132       | □ Remove       |
|              |                         |                      | □ Change       |
|              |                         |                      | □Add           |
|              |                         |                      | □Remove        |
|              |                         |                      | Change         |
|              |                         |                      |                |
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| Note:   | ate, if other than the date of filing:  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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. |
| record  | cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Dated _ | JULY 11 2023  |
|         | En la   |
|         | Suchu !   |
|         | Signature of a member or authorized representative of a member  |

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