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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.

(((H23000373862 3)))



H230003738623ABC1

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 : ACOSTA ESTEVEZ PROFESSIONAL SERVICES

Account Number : I20230000138 : (305)592-5240 Fax Number : (305)592-5535

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 AFT INTEGRAL CONSULTING USA LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|---|---|
| AFT IN | TEGRAL CONSULTING USA | LLC | |
| SUBJECT: | Name of Li | mited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are su | shoutted for filing | |
| | pondence concerning this matte | _ | |
| violate votation and confess | pondence concerning this matte | to the following. | |
| | FERNANDO SABINA | | |
| | | Name of Person | |
| | ACOSTA ESTEVEZ | | |
| | | Firm/Company | |
| | 7500 NW 25TH ST, STE | 111 | |
| | | Address | |
| | MIAMI, FL 33122 | | |
| | | City/State and Zip Code | |
| | acostaestevezacet@gmail.e | om (10 be used for future annua! report not | (Carlina) |
| For further information | concerning this matter, please o | | iii Gationi) |
| FERNANDO SABINA | | 305 592-5240 | |
| | of Person | at () | ie Telephone Number |
| | | The code Trayann | e rele _t none stantoer |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) | \$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

Taflahassee, FL 32303

LZ3000062313

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lin | nited Liability Comp (A Florida Limited | any as it now appears on o Taibility Company) | ur regord <u>s.</u>) |
|---|--|--|--|
| The Articles of Organization for this Limited Florida document number L23000062313 | Liability Company | were filed on 02/01/26 | 2.3 and assigned |
| This amendment is submitted to amend the fo | llowing: | | |
| A. If amending name, enter the new name | of the limited liah | oility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designar | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 16782 SW 88TH ST | 29.7 |
| Principal office address MUST BE A STRE | | STE 446 | |
| | | MIAMI, FL 33196 | |
| | | | ; , |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 16782 SW 88TH ST | |
| | | STE 446 | |
| | | MIAM!, FL 33196 | . <u></u> |
| 3. If amending the registered agent and/or gent and/or the new registered office addroved Name of New Registered Agent: | | | , enter the name of the new regis |
| | 16782 SW 88TH ST. STE 446 | | |
| New Registered Office Address: | 10782 SW 8811 | Enter Florida stree | et address |
| | MIAMI | 2 1 | , Florida ³³¹⁹⁶ |
| | | | , Florida """ |

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 Begistered Agent, Signature of New Registered Agent

LZ3000062313

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 | Address | Type of Action |
|--|-------------------|------------------|----------------|
| AMBR | MIGUEL J HURTADO | 16782 SW 88TH ST | ≅ Add |
| | | STE 446 | □Remove |
| | | MIAMI, FL 33196 | |
| MGR ANDRES F TRUJILLO | ANDRES F TRUJILLO | 16782 SW 88TH ST | |
| | | STE 446 | |
| | | MIAMI. FL 33196 | |
| | | | □Add |
| | | | □Remove |
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| ffecti | ve date, if other than the date of filing: (optional) |
| : an effe <u>Note:</u> | ective 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 605.6207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records. |
| record d is file | d 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 ed. |
| | $0 + l_{cd} = 20$ 2023 |
| Dated _ | October 30 2023 |
| Dated _ | Lide Travillo |
| Dated _ | Signature of a member or authorized representative of a member |