

30/11/2023, 11:04

Division of Corporations

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**L23000088095**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CONTADORUSA INC.  
Account Number : I20200000118  
Phone : (305)260-6968  
Fax Number : (786)513-7810

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
P CAPITAL INVESTMENTS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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Corporate Filing Menu

Help

2023 NOV 30 AM 11:39

APPROVED  
AND  
FILED

DEC 02 2023  
K. Brumley

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ARTICLES OF AMENDMENT TO  
ARTICLES OF ORGANIZATION OFP CAPITAL INVESTMENTS LLC(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/17/2023 and assigned  
Florida document number L23000338095.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CSI RA LLC

New Registered Office Address:

15805 DISCAYNE BLVD STE 201

Enter Florida street address

AVENTURA

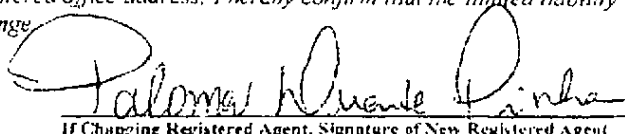
Florida 33160

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

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(((H23000408895 3)))

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>                      | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|----------------------------------|----------------------------|--------------------------------------------|
| AMBR         | MELO MENESES DE O, PAMELLA       | 1549 NE 123RD STREET       | <input type="checkbox"/> Add               |
|              |                                  | NORTH MIAMI, F 133151      | <input checked="" type="checkbox"/> Remove |
|              |                                  |                            | <input type="checkbox"/> Change            |
| AMBR         | SAMADIII CAPITAL INVESTMENTS LTD | 15805 BISCAYNE BLVDSTE 201 | <input checked="" type="checkbox"/> Add    |
|              |                                  | AVENTURA, FL 331 60        | <input type="checkbox"/> Remove            |
|              |                                  |                            | <input type="checkbox"/> Change            |
|              |                                  |                            | <input type="checkbox"/> Add               |
|              |                                  |                            | <input type="checkbox"/> Remove            |
|              |                                  |                            | <input type="checkbox"/> Change            |
|              |                                  |                            | <input type="checkbox"/> Add               |
|              |                                  |                            | <input type="checkbox"/> Remove            |
|              |                                  |                            | <input type="checkbox"/> Change            |
|              |                                  |                            | <input type="checkbox"/> Add               |
|              |                                  |                            | <input type="checkbox"/> Remove            |
|              |                                  |                            | <input type="checkbox"/> Change            |
|              |                                  |                            | <input type="checkbox"/> Add               |
|              |                                  |                            | <input type="checkbox"/> Remove            |
|              |                                  |                            | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated NOVEMBER 28, 2023

Pamela Melo M. de Oliveira  
Signature of a member of authorized representative of a member

PAMELLA MELO MENESES DE OLIVEIRA

Typed or printed name of signee

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