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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: _____

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P CAPITAL INVESTMENTS LLC

Certificate of Status	0
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Page Count	03
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF

P 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 L23000088095.

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)

2023 NOV 30 AM 11:39
APPROVED AND FILED

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 BISCAYNE 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.

Paloma Duarte Pinha
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
AMBR	MELO MENESES DE O, PAMELLA	1549 NE 123RD STREET	☐ Add
		NORTH MIAMI, FL 33161	☒ Remove
			☐ Change
AMBR	SAMADHI CAPITAL INVESTMENTS LTD	15805 BISCAYNE BLVD STE 201	☐ Add
		AVENTURA, FL 33160	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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.

If the record 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 record is filed.

Dated NOVEMBER 28 , 2023 .

Pamella Melo M. de Oliveira
Signature of a member or authorized representative of a member

PAMELLA MELO MENESES DE OLIVEIRA
Typed or printed name of signee