

H230000924653

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

# L230000924653

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To:

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

From:

Account Name : SERBER & ASSOCIATES, P.A.  
 Account Number : I20000000083  
 Phone : (305)932-6262  
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2023 MAR 13 AM 9:58

FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUTIHONDO INVESTMENTS LLC

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

2023 MAR 13 PM 12:33

H23 000 727623

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## BUTIHONDO 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 03/02/2023 and assigned  
Florida document number L23000095752.

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 end with 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:

New Registered Office Address:

Enter Florida street address

Florida

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

423000 727 623

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>                   |
|--------------|----------------------------|----------------------|---|
| MGR          | Beatriz Rodriguez Vega     | 2875 NE 191ST STREET | <input checked="" type="checkbox"/> Add |
|              |                            | Suite 801            | <input type="checkbox"/> Remove         |
|              |                            | AVENTURA, FL 33180   |   |
| MGR          | Maria Reyes Rodriguez Vega | 2875 NE 191ST STREET | <input checked="" type="checkbox"/> Add |
|              |                            | Suite 801            | <input type="checkbox"/> Remove         |
|              |                            | AVENTURA, FL 33180   |   |
|              |                            |                      | <input type="checkbox"/> Add            |
|              |                            |                      | <input type="checkbox"/> Remove         |
|              |                            |                      |   |
|              |                            |                      | <input type="checkbox"/> Add            |
|              |                            |                      | <input type="checkbox"/> Remove         |
|              |                            |                      |   |
|              |                            |                      | <input type="checkbox"/> Add            |
|              |                            |                      | <input type="checkbox"/> Remove         |
|              |                            |                      |   |
|              |                            |                      | <input type="checkbox"/> Add            |
|              |                            |                      | <input type="checkbox"/> Remove         |
|              |                            |                      |   |

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated: March 10th, 2023

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Daniel J Serber

\_\_\_\_\_  
Typed or printed name of signer