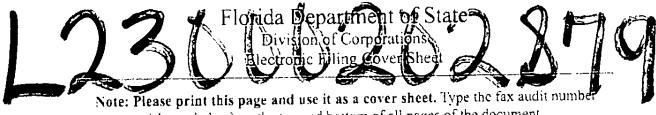
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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From:

Account Name : AT PLUS CORP Account Number : I20140000060 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:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ESPINOSA ESTEPA ASOCIADOS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ESPINOSA ESTEPA ASOCIADOS LLC		
(Name of the Limited Liability Co (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 04/27/2023	and assigned
Florida document number 1.23000202879		
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 i	Liability Company," the designation "LLC" or	the abbreviation *L.L.C.
Enter new principal offices address, if applicable:		the abbreviation *L.L.C. 223
(Principal office address MUST BE A STREET ADDRES.	(5)	R 27
(Principal office dauress MOST BE A STREET ADDRESS	<u> </u>	
		- T
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the	e 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	
	, Flori	
	City	Zip Corie
New Registered Agent's Signature, if changing Registered A	<u>igent:</u>	

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 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>Tiție</u>	Name	Address	Type of Action
AMBR	SERGIO A ESTEPA PERALTA	5750 COLLINS AVE SUITE 10 J	
		MIAMI FL 33140	Remove
			Change
AMBR	SERGIO A ESPINOSA PERALTA		
		MIAMI FL 33140	
			Change 27 AH 10:
			□ Change —
			□Remove
			□ Change
			□Add
			⊒Remove
			Change
			JAdd
			□Remove
			****

). If amending any other information	n. enter change(s) here: (Attach additional sheets, i	f necessary.)		
		1512	202	
			2023 APR	
		200 200 200 200 200 200 200 200 200 200	27	
		***	AH 15:	
		25 2 to 2	=	
1	04/27/2023			
E. Effective date, if other than the of the effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	date of filing:  be specific and cannot be prior to date of filing or more than 90 ock does not meet the applicable statutory filing requirem	(optional) days after filing.) Pursuant to 60: lents, this date will not be list	5.0207 (3 ted as th	i)(b) i <b>c</b>
If the record specifies a delayed effective record is filed.	e date, but not an effective time, at 12:01 a.m. on the earl	ier of: (b) The 90th day afte	er the	
Dated	2023			
	Signature of a member or authorized representative of a memb	ver		
DIANA C ESTEPA PE				
MANA CESTER ATE	Typed or printed name of signee			

Filing Fee: \$25.00