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.

(((H23000214583 3)))



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To:

Division of Corporations

Email Address:__

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING MAX SERVICES INC

Account Number : I20220000162 Phone : (954)724-1114 Fax Number : (954)252-4124

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

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IPANEMA GROUP LLC

Certificate of Status	0
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Page Count	01
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COVER LETTER "

TO:	Registration Se Division of Cor			L2300023325						
71. D.		GROUP LLC								
SUBJI	ECT:	Name of Lim	ited Liability Company							
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.							
Please	return all correspo	ndence concerning this matter	to the following:							
		OSCAR A GOMEZ MUN	oz							
			Name of Person							
		IPANEMA GROUP LLC								
			Firm/Company							
		6635 W COMMERCIAL I	BLVD STE 103							
			Address							
		TAMARAC, FL 33319	TAMARAC, FL 33319							
		ANA@ACCOUNTINGMA	XSERVICES.COM							
		E-mail address: (to be used for future annual report noti-	fication)						
For fur	rther information c	oncerning this matter, please c	all:							
OSCA	R A GOMEZ MU	NOZ	954 7241114							
	Name o	f Person	at (e Telophone Number						
Enclos	sed is a check for the	ne following amount:								
≅ \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)						
	Mailing Address Registration	_	<u>Street Address:</u> Registration Se	ction						
	Division of C		Division of Cor							
	P.O. Box 632		The Centre of I							
	Tallahassee,	FL 32314	32314 2415 N. Monroe Street, Suite							

L23000233252

Tallahassee, FL 32303

To: Page: 3 of 5 2023-06-20 18:14:51 GMT 19542524124 From: mary lover

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IPANEMA GROUP LLC				
(Name of the Limi	ted Liability Com (A Florida Limito	pany as it now appears on our red d Liability Company)	<u>cords.</u>)	
The Articles of Organization for this Limited L Florida document number L.23000233252		ny were filed on 05/11/2023		_ and assigned
This amendment is submitted to amend the fol				
	_			
A. If amending name, enter the new name of	of the limited lis	ability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "	'LLC'' or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	cable:	<u>N/A</u>		
(Principal office address MUST BE A STRE.	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)		<u> </u>	28
-				دنت .
				<u>:</u>
B. If amending the registered agent and/or		e address on our records, <u>cr</u>	nter the name o	of the new regis
agent and/or the new registered office addr	ess here:			~~]# *
				===
Name of New Registered Agent:	N/A			<u></u>
New Registered Office Address:	N/A			99
		Enter Florida street a	dáress	
	N/A		_, Florida N/A	
		Cltv		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.

To:

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	<u>Name</u>	Address	Type of Action
MGR	PAULA DE SOUZA LIMA	6635 W COMMERCIAL BLVD STE 103	= Add
		TAMARAC, FL 33319	□Remove
			□Change
			□Add
			□Remove
		<u></u>	Change
			□Add
			□Remove
			GChange
			⊡Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			Change

N/A		

<u></u>		
		
		
	05/11/2023	(andianal)
ffective date, if other than t an effective date is listed, the date t	he date of filing: nust be specific and cannot be prior to	(optional) odate of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this	block does not meet the applicat	ple statutory filing requirements, this date will not be listed a
ocument's effective date on the	Department of State's records.	
record specifies a delayed effec Lis filed.	tive date, but not an effective tim	ie, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is med.		
JUNIO 14	2023	
ated	,,	
	OSCIPA GO Signature of a member or author	0762 HUDZ
		red representative of a member

Typed or printed name of signee