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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

\*\*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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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **HUMBERIKA LLC**

Certificate of Status	0
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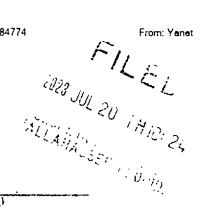
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K. SALY JUL 2 0 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HUMBERIKA 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 05/22/2023 and assigned Florida document number L23000250098 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." 1450 SW 22ND ST Enter now principal offices address, if applicable: STE 9 (Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33134 1450 SW 22ND ST Enter new mailing address, if applicable: STE 9 (Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33134 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 struet address

## 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 603, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_\_ Florida \_\_

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records;

MCR = Manager AMBR = Authorized Member

Title	Nume	Address	Type of Action
MGR	HUMBERTO RAMIREZ	1450 SW 22ND ST	CIArid
		STE 9	□Велюче
		MIAMI, FL 33134	
MGR	ERIKA CORREIA	1450 SW 22ND ST	□ Add
		STE 9	□Remove
		MIAMI, FL 33134	
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Affective date, if other than the date of fill is effective date is listed, the date mist be specific	and eannot be prior to date of	filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.020
<u>Note:</u> If the date inserted in this block does no locument's effective date on the Department of		nory filing requiremen	its, this date will not be listed a
record specifies a delayed effective date, but die filed.	not an effective time, at 12	:01 a.m. on the carlies	of: (b) The 90th day after the
07/14 Dated	2023		/
	Paul Ta	1/2	•
ated 07/14	Tant Ja	resentative of a cuember	

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Typed or printed name of signee