

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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| SIID IEC | Torres l | | |
|---|----------------|----------------------------------|--|
| SUBJEC | .1: | | Limited Liability Company |
| The encle | osed Articles | s of Amendment and fee(s) are | submitted for filing. |
| Please ret | turn all corre | espondence concerning this ma | tter to the following: |
| | | Kelsey | |
| | | | Name of Person |
| Division of Corporations Torres Enterprises Group LLC | | | |
| | | <u> </u> | Firm/Company |
| Division of Corporations Torres Enterprises Group LLC | | | |
| | | · | Address |
| | | Austin, TX 78731 | |
| | | <u> </u> | City/State and Zip Code |
| | | | |
| | | E-mail addre | ss: (to be used for future annual report notification) |
| For further | er informatio | on concerning this matter, pleas | se call: |
| Kelsey e/o ZenBusiness Inc | | ess Inc | |
| | Nan | ne of Person | |
| Enclosed | is a check fo | or the following amount: | |
| ■ \$25.0 | 00 Filing Fee | | Certified Copy Certificate of Status & |
| | | | |
| | | | |
| | P.O. Box 6 | 6327 | The Centre of Tallahassee |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kelsey c/o ZenBusiness Inc Name of Person Name of Person Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Torres Enterprises Group LLC | | |
|---|---|--------------------------------|
| (Name of the Limited I | iability Company as it now appears on our record: Florida Limited Liability Company) | <u>i.)</u> |
| The Articles of Organization for this Limited Liabi Plorida document number $\frac{1.23000394513}{1.0000394513}$ | lity Company were filed on 08/22/2023 | and assigned |
| his amendment is submitted to amend the followi | | |
| a. If amending name, enter the new name of th | e limited liability company here: | |
| he new name must be distinguishable and contain the word | s "Limited Liability Company," the designation "LLC" | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | |
| Principal office address MUST BE A STREET A | (ADDRESS) | |
| | | |
| | | |
| inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | | |
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| | | - |
| If amending the registered agent and/or registered and/or the new registered office address h | | the name of the new registe |
| | | <u>.</u> _ 1 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | . |
| | Enter Florida street address | ; |
| | Fle | orida |
| - | City | Ziv 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

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>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|-------------------------------------|----------------|
| AMBR | Roberto Torres | 7300 NW 83 Avenue Tamarac, FL 33321 | ≣ Add |
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| ective date, if other than the date must be tell If the date inserted in this bloc | e specific and cannot be prior k does not meet the applic | cable statutory filing re | (optional) than 90 days after filing.) Puquirements, this date wil | rsuant to 605.020 I not be listed a |
| ument's effective date on the Dep | artment of State's records | | | •• |
| cord specifies a delayed effective of sfiled. | late, but not an effective t | ime, at 12:01 a.m. on t | he earlier of: (b) The 9 | 0th day after the |
| ed | 2024 | | | |
| /s/ Ethiel Calvo-Torr | | | | |
| | gnature of a member or auth | | | |