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COVER LETTER

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SHA IPZER		ATLANTICO HOLDINGS LI	C	
SUBJECT		Name of Lim	sted Liability Company	
The enclose	al Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	•	
		Alexander E. Borell		
		·	Name of Person	
		Law Offices of Alexander	E. Borell	
			Firm/Company	
		319 Clematis Street, Suite	200	
			Address	
		West Palm Beach, Fl. 334	01	
			City/8tate and Zip Code	
		alex@borell.com		
		E-mail address: (to be used for future annual report notification)	
For further	information c	oncerning this matter, please co	all:	
Alexander	E. Borell		561 855-3445	
	Name o	f Person	at ()	Number
Enclosed is	a check for th	ne following amount:		
		□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) (Certified Copy is enclosed)	60.00 Filing Fee, Tertificate of Status & Tertified Copy additional copy is enclosed)
Ro Di P.	niling Addres egistration S ivision of C O. Box 632 illahassee, I	Section forporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street,	ee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GROUPO ATLANTICO HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on \(\frac{08/22/2023}{2} \) and a

,		
The Articles of Organization for this Limited Liability Com	npany were filed on 08/22/2023	and assigned
Florida document number 1.23000395141		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
GRUPO ATLÁNTICO HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	·
Enter new mailing address, if applicable: (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, <u>enter</u>	5 F
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	Av
	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

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>	Name	Address	Type of Action
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effective date is listed, the date must	be specific and ca	nnot be prior to	date of filing or	more than 90 d	ays after fili	ng.) Pursuai	nt to 605.0
te: If the date inserted in this blo ument's effective date on the De	artment of Stat	e is records.	ie statutory m	ing requireme	nts, uns gi	ne wiii noi	De fisted
cord specifies a delayed effective	date, but not an	effective time	e, at 12:01 a.n	ι. on the earlie	er of: (b)	The 90th c	lay after t
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	signature of a mer						

Filing Fee: \$25.00