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| Special Instructions to | Filing Officer: | |
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| TO: Registration So Division of Co | | | , , |
|---------------------------------------|--|---|---|
| | NTENIDOS CREATIVOS LLC | | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| | Amendment and fee(s) are submondence concerning this matter to | - | |
| | JIMENA PERFET | то | |
| | | Name of Person | |
| | EKA TAX SERVICE | E & NOTARY PUBLIC | |
| | | Firm/Company | |
| | 2233 44 T | H TERRACE SW | |
| | | Address | |
| | NAPLES | FLORIDA 34116 | |
| | | City/State and Zip Code | • |
| | | e.taxservice@gmail.com | |
| C. C. ab | | be used for future annual report notif | neution) |
| For turther information c | concerning this matter, please cal | ı: | |
| JIMENA PERFETTO | | 239 465-6512 at () | |
| Name o | t Person | Area Code Daytimo | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addisor | | Strant Addings | |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: AF20F277-8271-4464-AF60-578DEF932969 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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| | [679 024 1 0 |
|--|---|
| CONTENIDOS CREATIVOS LLC | |
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited) | unv as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company forida document number 1.23000448242 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | oility company here: |
| he new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 2233 44th terrace sw |
| Principal office address MUST BE A STREET ADDRESS) | NAPLES, FL 34116 |
| | |
| Inter new mailing address, if applicable: | 2233 44th terrace sw |
| Mailing address MAY BE A POST OFFICE BOX) | NAPLES, FL 34116 |
| | |
| 3. If amending the registered agent and/or registered office a | address on our records, enter the name of the new register |
| gent and/or the new registered office address here: | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | 171. mid o |

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.

Cirv

Zip Code

DocuŞign Envelope ID: AF20F277-8271-4464-AF60-578DEF932969
II 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> | <u>Address</u> | Type of Action |
|-----------------------|----------------------|-----------------|----------------|
| AP JIMENA F. PERFETTO | 2233 44th terrace sw | ≣ Add | |
| | | Naples ft 34116 | □Remove |
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| . Effective date, if other than | he date of filing: $\frac{100}{2}$ | 02/2023 | (optional) nan 90 days after filing.) Pursuant to 605,0207 (|
| (If an effective date is listed, the date Note: If the date inserted in this | must be specific and cannot block does not meet th | t be prior to date of filing or more the applicable statutory filing rec | nan 90 days after filing.) Pursuant to 605,0207 (puirements, this date will not be listed as t |
| document's effective date on the | Department of State's | records. | |
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| the record specifies a delayed effection cord is filed. | tive date, but not an eff | Sective time, at 12:01 a.m. on th | e earlier of: (b) The 90th day after the |
| Dated | 202 | 3 | |
| | | Matias Zunin | 10/2/2023 |
| | | _ | |
| | Signature of a member | r or aumorized relative of a | mentper |
| | MATIAS ZUND | N | |
| | Typed | or printed name of signee | |

Filing Fee: \$25.00