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.

(((H23000423568 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 : (954)903-4036 Fax Number : (954)246-0340

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

Email	Address:	 	·	
•				

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEPONKE.VE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Fax: 19549069668

## ARTICLES OF AMENDMENT ΤO ARTICLES OF ORGANIZATION **OF**

KEPONKE.VE, LLC		
(Name of the Limited Liabillty Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/30/2023	and assigned
Florida document number L23000533421		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		٥.
3. If amending the registered agent and/or registered offic	e address on our records enter th	e name of the new registe
gent and/or the new registered office address here:		e made of the hen registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	do
<del></del>	City	Zip Code

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.

From: Nathaly Cuartas

Fax: 19549069668

To: Agent Amnd Florida

Fax: (850) 617-6383

Page: 3 of 4

12/12/2023 2:51 PM

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
MMGR	JOSE BRAVO	8332 NW 7TH ST APT 156	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		MIAMI FL 33126	□Remove
			Change
<del></del>			□Add
			□Remove
			□ Change
			🗆 🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□ Remove
			□Chang•

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
-	
-	
_	
_	
_	
_	
-	
-	
_	
_	
_	
te:	ve date, if other than the date of filing:
cord s file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after thed.
ed _	DECEMBER 11 2023
	Jose Bravo
	Signature of a member or authorized representative of a member