1/24/24, 2:52 PM

Division of Corporations

Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 : (305)444-4994 : (305)328-4774 Fax Number

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 PORTOBELO INVESTMENTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

S. ROBERTS

To.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PORTOBELO INVESTMENTS I.LC | | |
|---|---|---------------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Flor.da Lim | impany as it now appears on on ited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 12/08/202 | and assigned |
| Florida document number 1.23000544749 | | _ |
| 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 I. | liability Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | |
| | | 2022 SE: |
| | | 024 JAN 2 |
| Enter new mailing address, if applicable: | | D 7 Z |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2.1 F |
| | | Sec. |
| | | m _e a |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, | enter the name of the new resilered |
| Name of New Registered Agent: | | |
| | | |
| New Registered Office Address: | Enter Florida stree. | |
| | ener ciorna sive | i anaess |
| | 72. | Florida |
| New Registered Agent's Signature if changing Pogistared Age | 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.

From: Yanet Avila

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

2024-01-24 20.03:57 GMT

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|---|----------------|
| AMBR | Jorge Isaac | 267 Minorca Ave, Suite 100 | ⊡Add |
| | | Coral Gubles, Florida 33134 | ■Remove |
| | | · · | ☐ Change |
| | | | |
| | | | □Remove |
| | | | □ Change |
| <u>-</u> | | *************************************** | D Add |
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| Inter of filing: |
| date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| 2024 |
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| lignature of a member or authorized representative of a member |
| Spiriture of a member of agriculture of a member |
| Typed or printed name of signee |
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