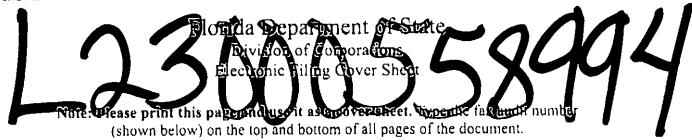
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Division of Corporations



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To:

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Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : I20160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

Email Address: Support O et latinaccounting. com The the email address for this business entity to be used for future Sannual report mailings. Enter only one email address please.**

ESTLLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE PLAZA 2805 LLC

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M. SOLOMON OCT 17 2024

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COVER LETTER

rporations		
ZA 2805 LLC		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	emitted for filing.	
ondence concerning this matter	to the following:	
DIEGO FIGUEROA		
	Name of Person	······································
E&F LATIN GROUP LL	C	2021 3 5 7
	Firm/Company	
1820 N CORPORATE LA	KE BLVD SUITE 109	2 5 17
-	Address	 중시
WESTON, FL 33326		2024 OCT 17 PM 1: 1 SEGN AND OF STAI
	City/State and Zip Code	- TH 3
•		Continn)
	954 384 8565	
of Person		e Telephone Number
he following amount:		
☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>u:</u> Section	<u>Street Address:</u> Registration Se	ction
Corporations	Division of Cor	porations
17 FL 32314		'allahassee c Street, Suite 810
	Porations ZA 2805 LLC: Name of Lim Amendment and fee(s) are substantial and fee(s) are substantial and fee(s) are substantial and fee(s) are substantial feet and	A 2805 LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filting. Indence concerning this matter to the following: DIEGO FIGUEROA Name of Person E&F LATIN GROUP LLC Firm/Company 1820 N CORPORATE LAKE BLVD SUITE 109 Address WESTON, FL 33326 City/State and Zip Code DIEGO@EFLATINACCOUNTING.COM E-mail address: (to be used for future abnual report not concerning this matter, please call: Area Code Daytim be following amount: \$\int \$30.00 \text{ Filting Fee & Certified Copy (additional copy is enclosed)}\$ Section Corporations Corporations Division of Control of Copy (additional copy is enclosed) Section Corporations Division of Control of C

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Comps (A Florida Limited)	ny as it now appears on ou Liability Company)	r reçords.)		
The Articles of Organization for this Limited L Florida document number L23000558994	iability Company	were filed on	23	and ass	igned
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabs	lity Company," the designati	on "LUC" or the abbrevi	ation "l.	LC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		9300 FONTAINEBLE	AU BLVD, APT 103		
		MIAMI FL 33172	<u></u>	20	
			350	- Z- - Z-	****
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		9300 FONTAINEBLE	AU BLVD, APTHON	27 17	C E
		MIAMI FL 33172	か <u>い</u> 円円	PM	
		address on our records	enter the name of	the nev	v regist
Name of New Registered Agent:	E&F LATIN G	ROUP LLC			
New Registered Office Address:	1820 N CORPO	ORATE LAKE BLVD SU	JITE 109		
		Enter Florida stree	et address		
	WESTON		, Florida		
		City	2.	ip 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.

Oice Francisco Agent, Manuer 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>Tltle</u>	Name	Address	Type of Action
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Offective date, if other than the date for effective date is listed, the date must be Note: If the date inserted in this block locument's effective date on the Department.	specific and cannot be prior to date of it does not meet the applicable statut	iling of more than 90 days after t	uing.) Piusua	int to 605,020 it be listed to
record specifies a delayed effective da d is filed.	te, but not an effective time, at 12:	OI a.m. on the earlier of: (b)	The 90th	day after the
October 16	2024			
	Giego Fliguer nature of a megaber or authorized repre)		
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