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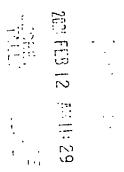
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| TO: Registration S Division of Co | | | | . * |
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| 6. 1. 2 mg 1 mg 1 mg 1 mg 1 mg 1 mg 1 | ION DAMARIS & FRANK, 1 | L.C | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Damaris Lima Hemandez | | | |
| | | Name of Person | | - |
| | ASOCIACION DAMARI | S & FRANK, L.L.C | | |
| | | Firm Company | | 그를 했 |
| | 225 Sonoraa Isles Cir. | | | 12 |
| | | Address | <u>.</u> | - ' |
| | Jupiter, FL 33478 | | | |
| | damarislima1969@gmail.c | City/State and Zip Code om to be used for future annual report noti | fleution) | - <u>,</u> |
| For further information c | oncerning this matter, please o | · | | |
| Damaris Lima Hernande | z | 561 2502000 at () | | |
| Name o | f Person | | e Telephone Number | <u> </u> |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | (1) \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| Mailing Addres | | Street Address: | | |
| Registration S Division of C | | Registration Sec Division of Cor | | |
| P.O. Box 632 | | The Centre of T | | |

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ASOCIACION DAMARIS & FRANT | K, L.L.C | | |
|--|---|--|------------------------------------|
| (<u>Name of the Limited</u> (A | Liability Comp. Florida Limited | any as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited Liab Florida document number <u>L24000028808</u> | oility Company | were filed on 01/16/2024 | and assigned |
| This amendment is submitted to amend the follow | ring: | | |
| A. If amending name, enter the new name of the | he limited liab | oility company here: | |
| The new name must be distinguishable and contain the word | ds "Limited Liabi | ility Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicah | mew principal offices address, if applicable: page 1 | | |
| • | | Jupiter, FL 33478 | 三 第 4 |
| | | | |
| Enter new mailing address, if applicable: | | 225 Sonoma Isles Cir. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Jupiter, FL 33478 | |
| | | | <u> </u> |
| B. If amending the registered agent and/or reg agent and/or the new registered office address | istered office : here: | address on our records, | enter the name of the new register |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 225 Sonoma Is | | |
| | | Enter Florida street | address |
| | Jupiter | | Florida <u>33478</u> |
| | | 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 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> | Address | Type of Action |
|--------------|------------------------|---|----------------|
| MGR | Frank Naranjo Pineiro | 2225 Monica Dr. West Palm Beach, FL 33415 | □Add |
| | | | ≣Remove |
| | | | Change |
| MGR | Damaris Lima Hernandez | 225 Sonoma Isles Cir. Jupiter, FL 33478 | ≣Add |
| | | | □Remove |
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| neffective date is listed, the date mu te: If the date inserted in this be rument's effective date on the I | clock does not meet the applicable statutory Department of State's records. | (optional) ag or more than 90 days after filing.) Pursuant to 60: y filing requirements, this date will not be list a.m. on the earlier of: (b) The 90th day after | ted a |
| <i>(</i> -1) | | | |
| ed | 2024 | | |
| | Signature of a member or authorized represer | | |
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Filing Fee: \$25.00