

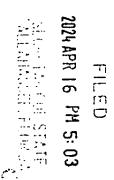
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PORTU HOGAR MAX LLC				
( <u>Name of the Limited Liz</u> (A Flo	ability Compa orida Limited	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	ty Company	were filed on 01/1	9/2024 and assigned	
Torida document number <u>L24000038418</u>	,			
his amendment is submitted to amend the following	g:			
If amending name, enter the new name of the	limited liab	ility company her	<u>e</u> :	
ĮA				
he new name must be distinguishable and contain the words	Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:		NA	202	
Principal office address MUST BE A STREET ADDRESS)		NA	720	
		NA	ж <u>т</u>	
			្រ	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		NA		
		NA	<b>5. 6. 6.</b>	
		NA	e e e e e e e e e e e e e e e e e e e	
. If amending the registered agent and/or regist			cords, <u>enter the name of the new regi</u> s	
Name of New Registered Agent.				
New Registered Office Address: 10	10867 NW 59TH ST  Enter Florida street address			
DO			Florida 33178	
<u></u>		City	Fiorida 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.

Alit Gonzalez
If Changing Registered Agent, Signature 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>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YOANDRY CARRERO	10867 NW 59TH ST	□ Add
		DORAL, FL 33178	■Remove
			□Change
ALIT GONZALEZ	GONZALEZ	10867 NW 59TH ST	
		DORAL, FL 33178	□Remove
NA NA	NA	NA -	□Add
			□Remove
			□Change
NA NA	NA	NA ————————————————————————————————————	□Add
			□Remove
			□ Change
NA	NA	NA	□ Add
			□Remove
			□Change
NA	NA 	NA	□Add
			□Remove
			□ Changa