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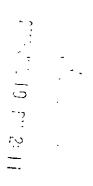
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## **COVER LETTER**

|  | Registration Se<br>Division of Cor |  |  |                        |   |  |  |
|--|------------------------------------|--|--|------------------------|---|--|--|
| SHRIFC                                     | ***                                | STRAPPING LLC                                |  |                        |   |  |  |
| SUBJECT: Name of Limited Liability Company |                                    |  |  |                        |   |  |  |
| The enclo                                  | sed Articles of a                  | Amendment and fee(s) are sub                 | mitted for filing.   |                        |   |  |  |
| Please ret                                 | urn all correspo                   | ndence concerning this matter                | to the following:  |                        |   |  |  |
|  |                                    | ANDRES HURTADO                               |  |                        |   |  |  |
|  |                                    |  | Name of Person   |                        | <del>_</del>  |  |  |
|  |                                    | PRODEZK INC                                  |  |                        |   |  |  |
|  |                                    |  | Firm/Company   |                        | · <del>-</del>  |  |  |
|  |                                    | 848 BRICKELL AVE. SUITE 950                  |  |                        |   |  |  |
|  |                                    |  | Address  |                        | <del></del> _   |  |  |
|  |                                    | MIAMI, FLORIDA 33131                         |  |                        |   |  |  |
|  |                                    | INFO@PRODEZK.COM                             | City/State and Zip Code                                      |                        |   |  |  |
|  |                                    | E-mail address: (                            | o be used for future annual r                                | eport notification     | on)   |  |  |
| For furthe                                 | er information co                  | oncerning this matter, please ca             | ill:   |                        |   |  |  |
| ANDRES HURTADO                             |                                    |  | 9779421  |                        |   |  |  |
|  | Name of                            | Person                                       | at ()<br>Area Code   | Daytime Tele           | ephone Number   |  |  |
| Enclosed                                   | is a check for th                  | e following amount:                          |  |                        |   |  |  |
| <b>■</b> \$25.0                            | 0 Filing Fee                       | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclo |                        | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |
|  | Mailing Address Registration S     |  | <u>Street Ad</u><br>Registra                                 | dress:<br>tion Section | 1   |  |  |
| Division of Corporations                   |                                    | Division                                     | Division of Corporations                                     |                        |   |  |  |
| P.O. Box 6327                              |                                    | The Centre of Tallahassee                    |  |                        |   |  |  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VAFINTEC STRAPPING LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_01/22/2024 and assigned Florida document number 1.24000041551 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 Liability Company," the designation "LLC" or 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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 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          | VICTOR WALTER FUENTES   | 848 BRICKELL AVE, SUITE 950 |                |
|              |                         | MIAMI, FL 33131             | ≣Remove        |
|              |                         |                             | Change         |
| MGR          | AUGUSTO NICOLAS FUENTES | 848 BRICKELL AVE, SUITE 950 | □ Add          |
|              |                         | MIAMI, FL 33131             | ■Remove        |
|              |                         |                             | Change         |
|              |                         | <del></del>                 |                |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated \_\_\_ 2024 Signature of a member or authorized representative of a member MARIANA PAOLA TUYA, MGR Typed or printed name of signee