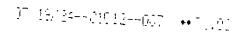
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	





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A. PARISHANI JUL 2 7 2024

COVER LETTER

TO: Registration Section **Division of Corporations** PATAGONIA BLUE INVESTMENTS LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **DURAN SAEZ, LUIS ANTONIO** Name of Person PATAGONIA BLUE INVESTMENTS LLC Firm/Company 3050 DYER BLVD STE 207 Address KISSIMMEE FL 34741 City/State and Zip Code ADM.ANAINFANTE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS A. DURAN SAEZ 5305878 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■** \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATAGONIA BLUE INVESTMENTS LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on 124000060700	and assigned
Florida document number <u>L24000060700</u> . This amendment is submitted to amend the following:	024 JUL 19
A. If amending name, enter the new name of the limited liability company here:	PH 12
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	90
(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, agent and/or the new registered office address here:	enter the name of the new registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address: Enter Florida stree	t address
	Florida

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.

City

Zip Code

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
AMBR	NAOMY P. JORQUERA CORTES	3050 DYER BLVD STE 207	□Add
		KISSIMEE FLORIDA 34741	■Remove
			Change
			Add D24 JRemove
			☐ Change II
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the accument's effective date on the Department of State's recommendate.	ior to date of filing or more than the licable statutory filing require		
ecord specifies a delayed effective date, but not an effect s filed.	e time, at 12:01 a.m. on the ea	arlier of: (b) The 90tl	n day after the
JULY 15 . 2024			
	ithyrized representative of a mer		

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