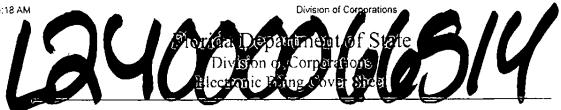
3/13/24, 9:18 AM

To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RELIABLE CONSULTING SERVICES, LLC

Account Number : 120220000017

: (305)896-2248

Phone Fax Number

: (786)438-5832

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VILOVA MIAMI LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX MAR 13 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) | <u>ls.</u>) |
|---|--------------------------------|
| The Articles of Organization for this Limited Liability Company were filed on | and assigned |
| Florida document numberL24000066514 | |
| 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) | |
| - | |
| | 202 SE |
| Enter new mailing address, if applicable: | AR I |
| (Mailing address MAY BE A POST OFFICE BOX) | R |
| | <u></u> 5 ω [] |
| B. If amending the registered agent and/or registered office address on our records, enter | |
| B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here: | the name of the new registere |
| agent author the new registered office address here: | 32 17/4T |
| Manage SM 18 14 14 | ा । |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | 5 |
| | orida |
| 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 Changing Registered Agent, Signature of New Registered Agent

公事 经登基

To.

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 | ERNESTO D VIVANCO CASAS | 6303 BLUE LAGOON DR SUITE 320 | = Add |
| | | MIAMI, FL 33126 | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
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| Note: | ive date, if other than the date of filing: |
| e recor rd is fil | d 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 |
| Dated | MARCH 12 2024 |
| | Le Cal S |
| | Signature of a member or authorized representative of a member |
| | |

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