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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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

Email Address: 11 fo@ Serber awfirm. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PUNTLAGUDO INVESTMENTS LLC

Certificate of Status Certified Copy Û Page Count 01 Estimated Charge \$25.00

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APR 2 4 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUNTIAGUDO INVESTMENTS LLC	
(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on 02/26/20 Florida document number L24000095951 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 end with the words "Limited Liability Company," the designation Enter new principal offices address, if applicable:	"LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	2921.1
(Mailing address MAY BE A POST OFFICE BOX)	73
	స
B. If amending the registered agent and/or registered office address on our recoregistered agent and/or the new registered office address here:	<u>5</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street ad	ldress

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

If Changing Registered Agent, Signature of New Registered Agent

, Florida

FAX)
P.003/004
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title Name Address Type of Action

D. If amending any other information,	enter change(s) bere: (Attach additional sheets, if necessary.)
Please fix the name	e of the Manager as following:
MANCILLA LAUSIO	C, LIONEL DINALDO
2875 NE 191ST ST	., STE. 901 AVENTURA, FL 33180
E. Effective date, if other than the date (The effective date must be specific, cannot be p the date this document is filed by the Florida E	rior to date of receipt or filed date and cannot be more than 90 days after
Dated April 23	2024
-	ure of a member or authorized representative of a member
Daniel J Serber	
	Typed or printed name of signee

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