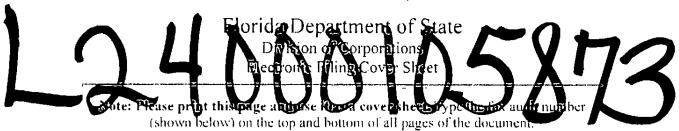
Division of Corporations



(((H240001694273)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I20140000084

Phone Fax Number

: (305)527-6617 : (786)713-1940

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

r_a/1	Address:		
EMOTT	Auuress.		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMPOS DEL ESTE LLC



Certificate of Status	0
Certified Copy	0
Page Count	03
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M. SOLOMON

JUN - 7 2024

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Help

To: CORPORATE AMENCMENT

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From: TAXLEAF.COM INC CONTADORAMERICA.COM

H24000169427 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAMPO	OS DEL ESTE LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	and assigned	
Florida document number 1.24000105873		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		024
(Principal office address MUST BE A STREET ADDR	(ESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	- Carried Annual Control	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name o</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered	d 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

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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

Title	<u>Name</u>	Address	Type of Action
AMBR	VAZQUEZ SALINAS, ANDRES	1150 NW 72ND AVE TOWER 1 STE 455 #15261	
		MIAMI, FL 33126	= Remove
			Change
MGR	TOP CONSULTING AND MANAGEMENT LLC	1549 NE 123RD ST	≅ Add
		NORTH MIAMI, FL 33161	□Remove
			; 282 □Çhange
			2024 JUN - 7
			Remova
			OFF OF OFF OFF OFF OFF OFF OFF OFF OFF
			LIAdd
			Remove
			Change
			f\Add
			□Remove
			Change
			□Add
			□Remove
			□Change

H24000169427 3

D. If amending any other informs	ation, enter change(s) here: //////	ich additional sheets, if necessa	ry.)		
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			· · ·		
			25.50	2024	
			(2.1) (2.11) (3.5)	2024 JUN -7	
			755 755 755 755		
				777	
			534 534		
E. Effective date, if other than the (If an effective date is listed, the date into Note; If the date inserted in this bedocument's effective date on the L	ist be specific and cannot be prior to date o lock does not meet the applicable stat	(optional f filing or more than 90 days after filin actory filing requirements, this dat	g.) Pursuant to 605.02	207 (3 µb) as the	
If the record specifies a delayed effecti record is filed.	ve dale, but not an effective time, at 1	2:01 a.m. on the earlier of: (h) T	he 90th day after th	าย	
Dated MAY 9TH	2024				
	Zully reyes	L.			
	Signature of a mounter of authorized res	presentative of a member			
	ZULLY REYES	S			

Typed or printed name of signee