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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations INVERSIONES A.F. USA 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: MARIA D CARRENO TORRES Name of Person CARRENO TORRES INVESTMENTS LLC Firm/Company 14800 WESTERLY DRIVE APT 4201 Address WINTER GARDEN City/State and Zip Code CARRENOMARIA347@GMAIL.COM E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: MARIA CARRENO 352 8902825 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy cadditional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVERSIONES A.F. USA LLC

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(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 $\frac{05/09/2024}{\text{Florida document number}}$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
NVERSIONES A.F. USA LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the ab	breviation "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)	
3. If amending the registered agent and/or registered office address on our records, <u>enter the namegent and/or the new registered office address here</u> :	e of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	30.00 3 - 5,
	= -
Florida	Zip Grede

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 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> MGR	<u>Name</u> LOOR ANDRES JOAO	Address 6955 NW 186 TH ST APT F104	Type of Action
			JAdd
			Remove
			Change
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effective date is lister. If the date ins	ther than the distent the distent the date must be serted in this bloom	be specific and calk does not me	cannot be prior eet the application	to date of filing able statutory	or more than filing requir	90 days after fili ements, this da	ng.) Pursuant ate will not	to 605,0 be lister	02) d :
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06/18/2024									
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FLORIDA DEPARTAMENT OF STATE DIVISION OF CORPORATIONS

AMEND THE ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY.

INVERSIONES A.F. USA LLC L24000187992 6955 NW 186 TH ST APT F104 HIALEAH,FL,33015

Remove one of the partners in the company.

Thank you for your attention,

ASTOR A. AGUIRKE
ASTOR ALFONSO AGUIRRE SANTAMARÍA

6955 NW 186 TH ST APT F104

HIALEAH, FL, 33015