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COVER LETTER

TO: Registration Se Division of Cor				
PUNTA C.	ARIBE LLC - Amendment: At	uthorized Person(s) to Manage		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ADRIANO BALDESARI			
		Name of Person		
	PUNTA CARIBE LLC			
		Firm/Company		
	106 SW 169TH AVENUE			
		Address		
	PEMBROKE PINES, FL	3327		
		City/State and Zip Code		
	adrianobaldesari@hotmail.			
	E-mail address: (to be used for future annual report not	tification)	
For further information e	oncerning this matter, please c	all:		
		at ()		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S		Street Address: Registration Se	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of 2415 N. Monre		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PUNTA CARIBE LLC (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 ______ ____ and assigned Florida document number L24000285788 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 "LLC." 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) C_{1} B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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	ALEXANDER E. FUENZALIDA ACEVEDO	106 SW 169TH AVENUE PEMBROKE PINES, FL 33027	≣Ad d
			□Remove
			Change
AMBR	JEAN MICHEL FUENZALIDA ACEVEDO	106 SW 169TH AVENUE PEMBROKE PINES, FL 33027	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

fective date, if other than the date of filing:	-	The correct ZIP code for both the mailing address and the principal address is 33027
neffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 tee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Second 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 is filed. Tof July Signiture of a member of authorized representative of a member		
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Filing Fee: \$25.00