Division of Corporations



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To:

Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Fater columns annual report mailings. Enter only one email address please.\*\* $\mathcal{Q}$ Email Address:\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

INOA Y REYES USA, LLC

Certificate of Status	0
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Help

OCT 29 2024 I. LEMEUX 1.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INOA Y REYES USA, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		., 22
		24 (
Enter new mailing address, if applicable:		28
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		7 v 2
		2: <b>1.</b>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	City	Zip Code
Now Designand Agent's Constant If sharping Designand Agent		

## 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 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	YNOA DE REYES, ANASTACIA F	5031 WEST WEEKLAND PARK BLVD	□Add
		LAUDERDALE LAKES, FL 33313	Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
	***************************************		□Add
		A AN I O LA	Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) the eet the applicable statutory filing requirements, this date will not be listed as the tate's records.
an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
2024
E E REYES GARCIA
nember or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee