

L 25000028219

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H26000104053 3))



H260001040533ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : G & A ACCOUNTING AND TAX SERVICES, INC.  
Account Number : I20120000033  
Phone : (305)801-5470  
Fax Number : (786)267-5721

2026 JUN - 1 PM 3: 19  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: arrieta.clara@gataxconsulting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PUNTO XPERT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

GENERATED  
JUN 1 2026

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**FILED**  
2026 JUN -1 PM 3: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PUNTO XPERT 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 01/21/2025 and assigned Florida document number L25000028219.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ACELERADORA DE VENTAS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: G&A Accounting and Taxes Services Inc

New Registered Office Address: 1825 Ponce de Leon Blvd # 400

*Enter Florida street address*

Coral Gables, Florida 33134

*City*

*Zip Code*

**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.*



Clara M Arrieta

If Changing Registered Agent, Signature of New Registered Agent

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                      Name                      Address                      Type of Action

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Change

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Change

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Change

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Change

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Change

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Add

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Remove

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                       Change

FILED  
2026 JUN - 1 PM 3:19  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

