Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A. Account Number : I20020000087 : (954)389-1333 Fax Number : (954)389-1397

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

| Email | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INVERSIONES CI LLC

| Certificate of Status | 0 |
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| Certified Copy | U |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

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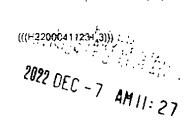
COVER LETTER

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| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|---|
| Inversione | s CI LLC | | · |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | DANIELLA SANTANA | | |
| | | Name of Person | |
| | SALVER & COOK LLP | | |
| | | Firm/Company | |
| | 2721 EXECUTIVE PARK | C DRIVE, SUITE 4 | |
| | | Address | |
| , | WESTON FLORIDA 333 | 31 | |
| | | City/State and Zip Code | |
| | D.SANTANA@PSCCPAS | .COM to be used for future annual report not | (flavion) |
| For further information (| concerning this matter, please c | · | meation |
| DANIELLA SANTAN | A | 954 5935051 at () | |
| Name | of Person | | ne Telephone Number |
| Enclosed is a check for t | the 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 Addre Registration | | Street Address: Registration Se | etion |
| Division of (| Corporations | Division of Co | rporations |
| P.O. Box 63: Tallahassee | | The Centre of 2415 N. Monro | |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Inversiones CI LLC | • | | |
|---|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Fiorida Limited I | ny as it now appears on our record lability Company) | <u> s.</u>) | |
| The Articles of Organization for this Limited Liability Company lorida document number L22000494241 | were filed on 11/18/2022 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company." the designation "LLC | " or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 7600 Red Road , Suite 128 | | |
| Principal office address MUST BE A STREET ADDRESS) | South Miami, Florida 33143 | | |
| | | | |
| Enter new mailing address, if applicable: | 7600 Red Road, Suite 128 | | |
| Mailing address MAY BE A POST OFFICE BOX) | South Miami, Florida 33143 | | |
| B. If amending the registered agent and/or registered office a | ddwar on our records anton | the name of the new register. | |
| seent and/or the new registered office address here: | adress on our records, enter | the name of the new register | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street addres | Enter Florida street address | |
| | | orida | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, a provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is | |
| If Char | iging Registered Agent, Signature o | 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: (((H22000411231 3)))

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
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| Offective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department. | specific and cannot does not meet the | e applicable st | of filing or more thatutory filling requ | (optional) an 90 days after filing airements, this date |) Pursuant to 605,0207 will not be listed as |
| record specifies a delayed effective d d is filed. | ate, but not an eff | èctive time, at | 12:01 a.m. on the | e earlier of: (b) Th | e 90th day after the |
| Dated | 202 | | | | |
| | Tromes | aco Info | t. V. | | |

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