

Florida Department of State
 Division of Corporations
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L2200042272

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

From:
 Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LADIBU LLC

Certificate of Status	0
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10/31/22 10:20 AM

APPROVED AND FILED
 2022 OCT 31 AM 7:46
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

NOV 01 2022
 K. Brumby

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LADIBU 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 09/29/2022 and assigned Florida document number L22000422272.

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 "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:

New Registered Office Address:

Enter Florida street address

_____, Florida

City

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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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA ISABEL DIAZ DE LABBE	AV OMA DE VISTA HERMOSA 44, DEPTO GH2	<input checked="" type="checkbox"/> Add
		CUAJIMALPA, CDMX, MX 05100 MX	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIMENA LABBE	AV OMA DE VISTA HERMOSA 44, DEPTO GH2	<input checked="" type="checkbox"/> Add
		CUAJIMALPA, CDMX. MX 05100 MX	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEAZNO SA DE CV	AV JESUS DEL MONTE 32 PISO 1, OFICINA 7	<input type="checkbox"/> Add
		HUIXQUILUCAN, MX 52764 MX	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DUENA VEGA, MARIA ISABEL	AV OMA DE VISTA HERMOSA 44, DEPTO GH2	<input type="checkbox"/> Add
		CUAJIMALPA, CDMX, MX 05100 MX	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

