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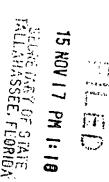
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COVER LETTER

TO:				
SUBJ		RBY LLC		
2020		Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. m all correspondence concerning this matter to the following: ALBERTO ETTEDGUI Name of Person EPSON DERBY LLC Firm/Company 1600 PONCE DE LEON BLVD. SUITE 1025 Address CORAL GABLES, FLORIDA, 33134 City/State and Zip Code alett15.05@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: DETTEDGUI Name of Person Daytime Telephone Number s a check for the following amount:		
			-	
i icasc	return an correspo	-	o the following.	
			Name of Person	
		EPSON DERBY LLC		
			Firm/Company	
		1600 PONCE DE LEON B	LVD. SUITE 1025	
			Address	
		CORAL GABLES, FLORIS	DA, 33134	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		* =	he used for future annual report notific	eation)
For fu	rther information co		•	zation)
ALBI	ERTO ETTEDGUI			
	Name of	Person		Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	25.00 Filing Fee			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPSON DERBY LLC					
(Name of the Lim	ited Liability Con (A Florida Limit	npany as it now appears on e ed Liability Company)	ur records.)		
		any were filed on August	20, 2009	and ass	igned
If amending name, enter the new name of the limited liability company here: A e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS There new mailing address, if applicable: M/A Inter new mailing address, if applicable: M/A Mailing address MAY BE A POST OFFICE BOX)					
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)					
N/A					
he new name must be distinguishable and contain the	words "Limited Li	ability Company," the designa	ition "LLC" or the a	bbreviation "L.	L.C."
Enter new principal offices address, if applicable:		N/A			
Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	N/A		22 3	LLC."
3. If amending the registered agent and egistered agent and/or the new registered of	d/or registered	office address on our nere:	records, enter	the name	of-the n
Name of New Registered Agent:	N/A			₹ >	
New Registered Office Address:	N/A				
		Enter Florida sti	reet address		
			, Florida		
		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.

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>	Address	Type of Action
MGR	SILVIA SAIDEN	1643 BRICKELL AVE, APT. 2305	□ Add
			■ Remove
			Change
			☐ Remove
		 	Change
			Add
			□ Remove
			□ Change
			HASSEN Remove
			E. F. S. Mange
			DA Add
			□ Remove
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		-	Remove
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ective date, if other than the da	ate of filing:				(optional)			
n effective date is listed, the date must b te: If the date inserted in this block	e specific and ca	annot be prior to	date of filing o	or more than 90 da	sys after filing.)			
cument's effective date on the Department			,	8 1	,			
record specifies a delayed e	effective dat	te but not	an effectiv	e time at 1	2·01 am d	on the	earli	er (
he 90th day after the recor	d is filed.	.c, bac not	un checur	e time, at 1	2.01 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	carn	C
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Filing Fee: \$25.00