

L110000002610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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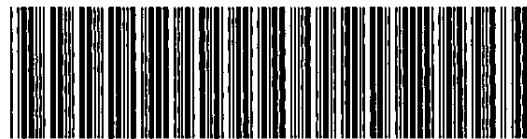
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 21 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NECBB INTERNATIONAL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MINELLY PENA

Name of Person

CAPITAL TREE ACCOUNTING SERVICES, LLC

Firm/Company

1137 EAST PLANT STREET

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

MINELLYPENA@CAPITALTREEACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINELLY PENA

Name of Person

at (321)

293-6414

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 18 AM 11:16

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NECBB INTERNATIONAL, 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 01/06/2011 and assigned
Florida document number L11000002610

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 end with 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

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	WASHINGTON RODRIGUEZ	FEDERICO GARCIA LORCA 8010 PARQUE MIRAMAR CANELONES URUGUAY	☐ Add ☒ Remove
MGR	VILMA I CLAVIER GRUBE	AV PROLONGACION SUR 4 RES LA VISTA PH CARASCAS VENEZUELA	☐ Add ☒ Remove
MGR	MARIA M CLAVIER GRUB	AV PROLONGACION SUR 4 RES LA VISTA PISO 4 APTO 42 CARASCAS VENEZUELA	☐ Add ☒ Remove
MGR	ANIBAL J CAVA LOPEZ	AV LA PLAYA RES FARALLON CENT PISO 12 APTO 120 NAIGUATA VENEZUELA	☐ Add ☒ Remove
MGR	CHRISTIAN J CLAVIER	5939 BLAKEFORD DR WINDERMERE, FL 34786	☐ Add ☒ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

X Dated 05-10-2012

X

Signature of a member or authorized representative of a member

SIMON CAVA

Typed or printed name of signee

FILED
12 MAY 18 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA