

Florida Department of State
Division of Corporations
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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
Fax Number : (561)214-8442

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

Email Address: _____

2020 OCT 12 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RETAILING ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Y. SULKER

OCT 13 2020

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETAILING ENTERPRISES, 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 06/03/2011 and assigned
Florida document number L11000065337.

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:

405 SW 148 AVE, SUITE 1

(Principal office address **MUST BE A STREET ADDRESS**)

DAVIE, FL 33325

Enter new mailing address, if applicable:

405 SW 148 AVE, SUITE 1

(Mailing address **MAY BE A POST OFFICE BOX**)

DAVIE, FL 33325

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:

405 SW 148 AVE, SUITE 1.

Enter Florida street address

DAVIE

Florida 33325

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>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	KRANTZBERG, MAURICIO	405 SW 148 AVE.	<input type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Change
VP FINANCE	TREVISAN, FAUSTO	405 SW 148 AVE.	<input type="checkbox"/> Add
		SUITE 1	<input type="checkbox"/> Remove
		DAVIE, FL 33325	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.


E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 12, 2020


Signature

Signature of a member or authorized representative of a member

Carlos M Alvarez, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00