## 114000107058

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

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## COVER LETTER

TO:	Registration Son Division of Con						
SUBJ	RBI Allian	ce LLC					
SUBJ	EC1.	Name of Line	ited Liability Company				
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Leonardo Rostoker					
			Name of Person				
		RBI Alliance LLC					
	Firm/Company						
	1920 E Hallandale Beach Blvd St 703						
	Address						
		Hallandale Beach, FL 3300	09				
			City/State and Zip Code				
		leonardo@rbialliance.com					
		E-mail address: (1	to be used for future annual report notif	ication)			
For fu	rther information c	concerning this matter, please ca	nll:				
Leona	rdo Rostoker		754 2106312 at ()				
	Name o	of Person	Area Code Daytime	e Telephone Number			
				AN TO			
Enclos	sed is a check for the	he following amount:		SS I			
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60:00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBI Alliance LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our recorda Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L14000107058		•
This amendment is submitted to amend the following	g:	
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 "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
		= . ~
B. If amending : registered agent and/or re registered agent aor the new registered office :	egistered office address on our reco	rds, enter the name-of the ne
registered agent a 701 the new registered office :	aduress nere:	SSET S
Name of New Registered Agent:		
New Registered Office Address:	F. d. Fl	<b>売</b>
	Enter Florida street ada	ress
	, City	Florida
	City	Zip Coac

## 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	Andres Saias	18911 Collins Ave. Sunny Isles	Add
		FL, 33160	Remove
			☐ Change
MGR	Alejandro Rostoker	19550 Ambassador CT	■ Add
		North Miami Beach, FL 33179	Remove
			Change
MGR	Emesto Rostoker	20000 E Country Club Dr. Apt 905	<b>⊟</b> ∧dd
		Aventura, FL 33180	□ Remove
			☐ Change
			Add
			Remove
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		######################################	Remove □ Remove
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cument'	's effective date	e on the Depart	ment of State	's records.			TASS	AY -	ACCUSED NO.
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The 90	th day after	delayed eff	is filed.	s, put not t	an encedive	, cirro, ac i			
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