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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Fly Fitz LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Randolph Lu	Name of Person	·
	- Fly Fitz LLC	Firm/Company	
		Apl. 7	
	End banderdale, Fl.	City/State and Zip Code Output Dam 11: Com to be used for future annual report notifi	<u> </u>
	Kandolphannierre	Damel Com	fication)
For further information	concerning this matter, please co	all:	
Kandalph F	of Person	at (<u>726</u>) <u>223 -</u> Area Code Daytime	7195 e 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 Addre Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fly F, Fz LLC (Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L1500068146</u> .	were filed on $\frac{4/20/2015}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	CARIBBEAN BRAND LLC
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1100 NE 12 Ave Apt 7
(Principal office address MUST BE A STREET ADDRESS)	Ford Landerdale, FL 23354 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	31418 31418 8 51
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registers
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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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Filing Fee: \$25.00