Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

1 (850)617-6383

From:

Account Name : COR

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Rmail	Address:
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE HARBOUR BAZZO "LLC"

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Electronic Filing Menu

Corporate Filing Menu

AUG 1 7 2016

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Cod			
	Florida	1			
	Enter Florida street address				
New Registered Office Address:			3		
Name of New Registered Agent:		<u> </u>			
		70	- F		
registered agent and/or the new registered office address her	ē:	**************************************	R 17:		
B. If amending the registered agent and/or registered o	ffice address on our records, en	<u>ter thể nam</u>	eof the ne		
		38 g 60 g	<u> </u>		
			P		
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33180		-6		
Enter new mailing address, if applicable:	2875 NE 191ST STREET SUITE 20	00 :			
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180				
Enter new principal offices address, if applicable:					
·	2875 NE 191ST STREET SUITE 20				
PB SOLÉ LLC The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I I C" or th	ne abhreviation "	LLC"		
A. If amending name, enter the new name of the limited hab	nitty company nere:				
This amondment is submitted to amend the following:					
_ · · · · _					
Florida document number L15000076790					
The Articles of Organization for this Limited Liability Company	were filed on 04/30/2015	and a	ssigned		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)				
THE HARBOUR					

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>	Name	<u>Address</u>	Type of Action
MGR	BAZZO, PAULO ROBERTO	2875 NE 191ST STREET	□ Add
		SUITE 200	☐ Remove
		Aventura, PL 33180	☐ Change
MGR	DE SENAS BAZZO, AMANDA	2875 NE 191ST STREET	□ Add
		SUITE 200	☐ Remove
		Aventura, FL 33180	■ Change
MGR	DE SENAS BAZZO, FABRICIO	2875 NE 191ST STREET	□ Add
_		SUITE 200	Remove
•		Aventura, FL 33180	■ Change
MGR	DE SENAS BAZZO, MARIA EDITE	2875 NE 191ST STREET	□ Add 65
		SUITE 200	D-Remove_
		Aventura, FL 33180	SEE .
			50 Add #
			□ Remove
	•		Change
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attack	h additional sheets, if necessary.)		
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of i	(optional)	Suant to 60.	द्
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	tory filing requirements, this date will	not be list	ted as the
If the record specifies a delayed effective date, but not an effe (b) The 90th day after the record is filed.	ective time, at 12:01 a.m. on t	the earli	ler of:
Dated August 16th 2016			
Signature of a member or authorized repre	esentative of a member		
PAULO ROBERTO BAZZO, Manager by: Kristine Roy, Aud			
Typed or printed name of	Rignoe		

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Filing Fee: \$25.00