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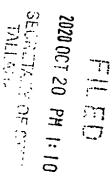
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COVER LETTER

TO:

TO: Registration Division of C		•	
Forever A	America Brands International, LI	.c · · · · ·	;
	Name of Lim	ited Liability Company	
		•	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Klara Fishman-Sitbon, Eso	q.	
		Name of Person	
	Law Offices of Fishman-S	Sitbon, P.A.	
	_	Firm/Company	
	80 SW 8th Street, FL 20		
		Address	
	Miami, Fl. 33130		
		City/State and Zip Code	
	kfishman@fsplegal.com		
	E-mail address: (to be used for future annual report not	(ification)
For further information	concerning this matter, please c	all:	
Klara Fishman-Sitbon.	, Esq	305 423-7077	
Nank	of Person	Area Code Daytir	ne 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 Addr		Street Address:	
Registration		Registration Se	
Division of P.O. Box 63	Corporations	Division of Co The Centre of	-
Tallahassee			rananassee De Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Forever America Brands 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 $\frac{05/16/2016}{2016}$ and assigned Florida document number L16000095484 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 19790 West Dixie Hwy, Suite 608 Enter new principal offices address, if applicable: Aventura, FL, 33180 (Principal office address MUST BE A STREET ADDRESS) 19790 West Dixie Hwy, Suite 608 Enter new mailing address, if applicable: Aventura, FL, 33180 (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 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	Membe.

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date block does not meet the applicable st	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (attutory filing requirements, this date will not be listed as t
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 13	2020	
	Signature «La member or authorized r	

Filing Fee: \$25.00

Typed or printed name of signee