

L16000230128
Florida Department of State
Division of Corporations
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To:
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Account Number : 120140000384
Phone : (305) 541-3980
Fax Number : (305) 541-7033

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FBX MIAMI, LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FBX MIAMI 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 12/21/2016 and assigned
Florida document number L16000230128

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3255 NE 184th St #12316AVENTURA, FL 33160, US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3255 NE 184th St #12316AVENTURA, FL 33160, US

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:

ROMAR INTERNATIONAL LLC

New Registered Office Address:

14334 BISCAYNE BLVD

Enter Florida street address

NORTH MIAMI BEACHFlorida 33181

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.

K. R.
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	BOERI FREIRE BAGGIO, LUCIANA	3255 NE 184th St #12316	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160, US	<input type="checkbox"/> Remove
MGR	BAGGIO, FLAVIO	RUA ABOLICAO # 180 BAIRRO SANTA TEREZINHA	<input type="checkbox"/> Add
		CAPIVARI, SP 13360--000 BR	<input checked="" type="checkbox"/> Remove
AMBR	BAGGIO, FLAVIO	3255 NE 184th St #12316	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33160, US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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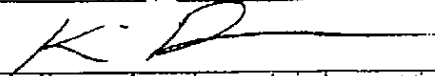
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JULY 10TH, 2017



Signature of a member or authorized representative of a member

KARINA ROCHA

Typed or printed name of signer

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