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Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

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					COVER LETTE	R		
Τ	О:	Registration Sec Division of Corp		ns		·		
	RIBEIRO & BELON LLC							
SI	UBJEC	T:		Name of Li	mited Liability Company			
T	he encl	; } òsed Articles of ;	Amendr	nent and fec(s) are su	bmitted for filing.			
Pl	lease re	i turn all correspo !	ndence	concerning this matte	er to the following:			
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

202011 22 81 6:51

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i !	RIBETRO &	BELON LLC			
(Name of the Lin	nited Liability Comp (A Florida Limited		rs on our records.)		
			- a ma hALC		
The Articles of Organization for this Limited		were filed on	152,72010	and assigned	
Florida document number L160002322	· · · · · · · · · · · · · · · · · · ·				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited lish	vility company h	Pre:		
i amenong name, etter the per name	or the minica hat	mer company n	<u> </u>		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the o	esignation "LLC" or the	abbreviation "L.L.C."	
		5401 S KIRKM	•		
Enter new principal offices address, if applicable:		SUTTE 405			
(Principal office address MUST BE A STRE	<u>ET ADDKESSI</u>	ORLANDO, FL 32819			
:		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
[]		5401 S KIRKM	AN RD		
Enter new mailing address, if applicable:	SUITE 405				
(Mailing address MAY BE A POST OFFICE	ORLANDO, FL 32819				
:					
E. Hamending the registered agent and/or	registered office	address on our i	ecords, enter the na	me of the new register	
agent and/or the new registered office addr	ess here:				
!	MITE A STIG	PCAO RIBEIRO			
Name of New Registered Agent:		T CAO IGBLIKO		<u> </u>	
New Registered Office Address:	5401 S KIRKMAN RD, SUITE 405				
!	Enter Florida street address				
1	ORLANDO		, Florida	32819	
		City		Zip Code	
iew Registered Agent's Signature, if changing	Registered Agent	<u>!</u>			
hereby accept the appointment as register.	ed agent and agr	ee to act in this	capacity. I further	agree to comply with	
rovisions of all statutes relative to the proj	per and complete	e performance o	f my duties, and I a	m-familiar with and	
ccept the obligations of my position as reg					
eing filed to merely reflect a change in the ompany has been notified in writing of this		e address, I her	eby confirm that the	e limited liability	
ompany nas veen nonnea in writing of this	cnange.		h		
			/// -//	/	
1			/ * X		

If Changing Registered Agent/Signatury of New Registered Agent

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	or removed from our records: MGR = Manager AMBR = Authorized Member								
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Typed or printed name of signee

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