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(Req	uestor's Name)	
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COVER LETTER

	ision of Cor			
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		JOSE R. GOMEZ		
			Name of Person	
		19 WEST FLAGLER STR	Firm/Company EET, SUITE 1212	
		MIAMI, FLORIDA 33130	Address	
		JOEY_GOMEZ@HOTMA	City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For further in	nformation c	oncerning this matter, please co	all:	
JOSE R. GO	MEZ		786 282-9963 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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 ADDRESS:

TO:

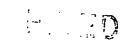
Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 SEC 23 PH 6:51

FLORIDA ENTITY SOLUTIONS, 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 Liabili	ty Company were filed on 8/12/2017 and assigned
Florida document number L17000164657	
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
RB VENTURES, LLC	
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicables	<u></u>
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
D. If amounting the manistered against and/or or	and affine address an account of the control of the
B. If amending the registered agent and/or registered agent and/or the new registered office:	egistered office address on our records, <u>enter the name of the new</u> address here:
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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			D Add
			Remove
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Effective d	ate, if other t	han the date	of filing:				(optional)	
fan effective Note: If the	date is listed, the	date must be sp	ecific and can	not be prior to	date of filing or	more than 90 c	ays after filing.)	Pursuant to 605.020 fill not be listed a
locument's	effective date of	on the Departu	nent of State	's records.	ne statutory m	mg requireme	inis, iiiis date w	in not be fisted a
e record The 90t	specifies a c h day after t	delayed effe the record is	ective date s filed.	e, but not	an effective	time, at 1	2:01 a.m. o	n the earlier o
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Dated	1/-	<u> </u>	<u>2</u>	014/	4-1			
	,			_/_/	-/-			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00