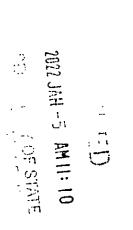
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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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A. RIVERS

JAN 19 2022

COVER LETTER

TO:	Registration Sec Division of Corp			
	NBPF LLC			
SUBJ	EC1:	Name of Lina	ited Liability Company	
The en	sclosed Articles of i	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Renato Scott Gutfreund		
			Name of Person	
		1545 FAIRVIEW CIR	Firm/Company	
			Address	
		REUNION - FL - 34747		
		renato@nbpfusa.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please c	all:	
Rena	to Scott Gutfreund	i	954 6473038	
-	Name of	Person	at ()	e Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	5.00 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 ADDRESS:

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

NBPF 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 05/21/2018 _____ and assigned Florida document number _L18000126969 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **GUTFREUND INTERNATIONAL LLC** The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the native of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
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			01/01/2022	1			
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an effective date	is listed, the date muse inserted in this b	st be specific and lock does not t	I cannot be prior	to date of filing	or more than 90 d filing requireme	ays after filing.) Purs	auant to 605,0200 not be listed as
	ective date on the I				ining requireme	ing, this date with	not be nated a.
e record spe	ecifies a delaye	d effective (date, but no	t an effectiv	ve time, at 1	2:01 a.m. on t	he earlier o
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		/ / //	\mathcal{L}_{j}		ntive of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00