Florida Department of State Division of Corporations Distre	
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To: Division of Corporations	-
From: Account Name : FANJUL ENTERPRISES LLC Account Number : I20190000080 Phone : (305)603-8791 Fax Number : (877)503-6086	LED
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAB CAPITAL AND INVESTMENT GROUP LLC	
Certificate of Status0Certified Copy0	
Page Count 01	
Estimated Charge \$25.00	

From: Robert Fanjul	Fax: 18775036086	TO: ANTICLES VE A	Ax: (850) 617-6383 NA A21 NAPIVA A21 NA	Page: 2 of 4	11/05/2020 10:13 AM
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		ARTICLES OF OR	GANIZATION		
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		ine and the second s			
CA	B CAPITAL AND IN	VESTMENT GROUP LLC			
	(<u>Name c</u>	f the Limited Liability Company (A Florida Limited Lia	as it now appears on our i bility Company)	records.)	
The Articles of C	Drganization for this	Limited Liability Company w	ere filed on		and assigned
Florida documen	t number	246			
Tionua documen					
This amendment	is submitted to amer	nd the following:			
A If amonding	nome enter the ne	w name of the limited liabili	ty company here:		
A. If amenuing	name, <u>enter the ne</u>	a name of the maneed hashing	<u>,</u>		
		ontain the words "Limited Liability	Canana " the decignation	n "I I (" or the abl	previation "L L C "
The new name must	be distinguishable and e	ontain the words "Limited Liability	Company, the designation		2020
Enter new prine	cipal offices address	, if applicable:			20
(Principal office	address MUST BE	A STREET ADDRESS)		·	
	}			•	5 <u> </u>
			····	00 194 - 53	
				China China	
Enter new mail	ing address, if appli	cable:			<u> </u>
(Mailing addres	<u>s MAY BE A POST</u>	<u>OFFICE BOX)</u>	•••••		<u> </u>
B. If amending	the registered agen	t and/or registered office ad	dress on our records,	enter the nam	e of the new registere
agent and/or th	e new registered off	ice address here:			
Name o	of New Registered A	gent:			
<u>New R</u>	egistered Office Add	ress	Enter Florida street	address	
			eniter i torinde sileti	ANALY COS	
		·		, Florida	
	ł		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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 statute's 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.

From: Robert Fanjul Autor Fax: 18775035086, authorized to manage, Eax: (850) 617-6383, autor Fax: 3 of 4 11/05/2020 10:13 AM ed

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JAIME A BARAJAS	8337 MULLIGAN CIRCLE	🗆 Add
		PORT SAINT LUCIE. FL 34986	■Remove
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From: Robert Fanjul	Fax: 18775036086	Ta:	Fax: (850) 617-6383	Page: 4 of 4	11/05/2020 10:13 AM
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

AUGUST 27	2020	
Dated		
	Bruschmer banka	
	Signature of a member or authorized representative of a me	mber
CARLOS'A BOTER	O PENARETE	
	Typed or printed name of signce	