L1900009:7492

(Requestor's Name) (Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

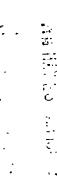




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COVER LETTER

TO: Registration Se Division of Cor			.
50	ah Products	U.C.	
SUBJECT:		nited Liability Company	
			°C
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing,	·
Please return all correspo	ondence concerning this matter	to the following:	
	Stefano	Crospecin,	
		Name of Person	
	SC,C, V	robuds LLC	
		Firm/Company	
	6774	NW 109th AUL March	·
		Address	
		Doral, FL 33178	
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	ication)
For further information c	oncerning this matter, please of	all:	
Stefano	Gaspecini	at (786) 973	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 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 ORGANIZATION OF

	roducts LLC		
(<u>Name of the Limi</u>	ted Liability Company as it (A Florida Limited Liability	now appears on our records. Company)	<u>)</u>
The Articles of Organization for this Limited L Florida document number <u>L1900009</u> 79	.iability Company were f 시역 2	īled on <u>04/09</u> /20	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	npany," the designation "LLC"	or the abbreviation "L.L,C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o	~ .	ddress on our records,	enter the name of the n
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
	Cii	, Floi	rida Zip Code
Non Donistand Aposto Simultum if shumin-		•	•

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGA	Stefano Gaspecin.	6774 NW 109th Ave, C	local, Bádd
			Remove
			Change
			Add
			□ Remove
			☐ Change
		 	Remove
			D Add
		 	□ Remove
			Change
			Add
			Remove
			Change
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			□ Remove
			Change

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SHI ect Éan cf	ive date, if other than the date of filing: (optional) ective 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)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
locun	ent's effective date on the Department of State's records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
The	90th day after the record is filed.
	M and a sol
Dated	May 2412 . 2019.
	Signature of a marriage as with signal grown and a signal and
	Signature of a member or authorized representative of a member
	Stefano Gasperin, Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00