

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MBA ACTIVATION, LLC
Account Number : 1201300000007
Phone : (786)439-9847
Fax Number : (786)345-0666

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sergueipm@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIVE BM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01

FILED
OCT 10 2019

FILED
OCT 10 2019

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Five BM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 OCT 10 P 2 07

The Articles of Organization for this Limited Liability Company were filed on 07/17/2019 and assigned: FILED
Florida document number L19000174256

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 name of the new registered agent and/or the new registered office address here:

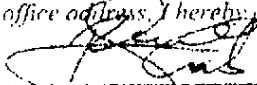
Name of New Registered Agent: Rami Siab

New Registered Office Address: 5891 NW 36th St.
Enter Florida street address

Virginia Gardens Florida 33166
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

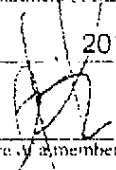
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Giuseppe Baronetto Ricupero	5891 NW 36th St.	☐ Add
		Virginia Gardens, FL 33166	☒ Remove
		USA	
MBR	Zuleima P. Malvacias de B.	5891 NW 36th St.	☐ Add
		Virginia Gardens, FL 33166	☒ Remove
		USA	
MBR	Rami Siab	5891 NW 36th St.	☒ Add
		Virginia Gardens, FL 33166	☐ Remove
		USA	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/10/2019 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 10th 2019



Signature of a member or authorized representative of a member

Giuseppe Baronetto Ricupero - Former Manager

Typed or printed name of signer