

**L19 000259241**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : R&P ACCOUNTING AND TAXES INC  
Account Number : I20170000090  
Phone : (305)358-1310  
Fax Number : (305)503-6701

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

Email Address: andres723@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PHYSICAL AND BRAIN LLC**

Certificate of Status	0
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Page Count	04
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2020 AUG 27 AM 8:26

2020 AUG 27 PM 6:28

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C. GOLDEN  
AUG 31 2020

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

2021/08/27 PM 6:29

PHYSICAL AND BRAIN 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 10/15/2019 and assigned  
Florida document number L19000259241

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

231 NW 52 STREET

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33127

Enter new mailing address, if applicable:

231 NW 52 STREET

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33127

**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:**

SILVIA VITALE

**New Registered Office Address:**

231 NW 52 STREET

*Enter Florida street address*

MIAMI

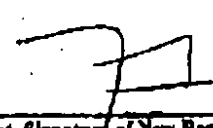
*City*

Florida 33127

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SILVIA VITALE	231 NW 52 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ARIEL VIVACQUA	231 NW 52 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LUCIANO MAESTU	231 NW 52 STREET	<input type="checkbox"/> Add
		MIAMI, FL 33127	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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.

Dated 08/26/ 2020

**SILVIA VITALE**

Typed or printed name of signee