Electronic Filing Cover Sheet

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.

(((H20000071456 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number : I20160000033 Phone : (866)428-2030 : {407}308-0481

Fax Number

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

| Email | Address:_ | | | | |
|-------|-----------|-------------|------|------|--|
| | | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FRBB, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help Y SULKEP MAR 0 4 2020

COVER LETTER

| TO: Registration Division of | r Section Corporations | | | |
|---------------------------------|---|--|--|--|
| FRBB. | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| | | | | |
| The enclosed Articles | s of Amendment and fee(s) are sub | mitted for filling. | | |
| Please return all corre | espondence concerning this matter | to the following: | | |
| | RAQUEL DO VALE | | | |
| | | Name of Person | | |
| | COMPANY COMBO, LL | C | | |
| | Firm'Company | | | |
| | 2815 DIRECTORS ROW | STE 100 | | |
| | Address | | | |
| | ORLANDO, FL - 32809 | | | |
| | City/State and Zip Code | | | |
| | INFO@COMPANYCOME | to be used for future annual report notification) | | |
| For further informati | on concerning this matter, please o | | | |
| | | 866 428-2030 | | |
| RAQUEL DO VAL | | at () Area Code Daytime Telephone Number | | |
| ∖.3 | me of Person | Area Code Paytine Peophine Pointe | | |
| Enclosed is a check | for the following amount. | | | |
| ■ \$25,00 Filing Fe | ee S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Division P O. Box | on Section of Corporations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FRBB, LLC | | | | |
|---|--|------------------------|---------------|-------------|
| (Name of the Limited Liabilit (A Florida | v Company as it now appears on Limited Liability Company) | our reçoids.) | | |
| The Articles of Organization for this Limited Liability C | ompany were filed on 01/31/20 | 020 | and assig | pred |
| Florida document number L20000037922 | <u>_</u> · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | | | |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company." the design | ation "LLC" or the abb | eviation "L.L | C.T |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDR | <u> </u> | <u> </u> | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | <u> </u> | - 7. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>·</u> | | -, |
| | | | · · | |
| B. If amending the registered agent and/or registered | d office address on our recor | ds, enter the name | of the new | registere |
| agent and/or the new registered office address here: | | | | • |
| | | | .gt | - |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Exter Florida's | treet oddress | | |
| | | , Florida | 7 () (| |
| | Ciţv | | 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

To: Page 5 of 6

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> | Address | Type of Action |
|--------------|-------------------------|---|---|
| AMBR | FLAVIO VIEIRA LIMA NETO | AV, DAS AMERICAS, 3500 BLOCO 5 SALA 608 | □Add |
| | | RIO DE JANEIRO, RJ 22640102 BRAZIL | \begin{align*} \be |
| | | | □Change |
| AMBR | E ON F HOLDING LTD | P,O BOX 2416, ROAD TOWN | = Add |
| | | TORTOLA, VG1110 BRITISH VIRGIN ISLANDS | □Remove |
| | | | □Change |
| | | | 🗆 🗆 🗆 dd |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | DRemove |
| | | | □Chunge |
| | | | 🗆 Add |
| | | · · · · · · · · · · · · · · · · · · · | □Remove |
| | | | □Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |

Page 2 of 3

| . If amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------------|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| _ | |
| | 01/31/2020 |
| Note: If | date, if other than the date of filing: (optional) (ve 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a classificative date on the Department of State's records. |
| the reco) The 9 | rd specifies a delayed effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier of 0th day after the record is filed. |
| | 23-02-2020 |
| Dated | · |
| | -7.1 |
| | Signature of a member of authorized representative of a member |
| | FLAVIO VIEIRA LIMA NETO |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00