Division of Corporations

# Florida Department of State Division of Corrorations

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.

(((H22000355205 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 : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

T. Help TUX

OCT 18 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•	O	r ·	',
FRBB, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
e Articles of Organization for this Limited I	_iability Company	were filed on 01/31/2020	and assigned
rida document number L20000037922			
	······································		
is amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name o	of the limited liab	ility company here:	
e new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		1550 Madruga Avenue, Suite 317	
		Coral Gables, FL 33146	
inter new mailing address, if applicable:		1550 Madruga Avenue, Suite 317	
failing address MAY BE A POST OFFICE	EROX)	Coral Gables, FL 33146	
tuning dualess MATT DE 71 1 001 01 1 TCL	. <u>DOM</u>		
			: ~2
. If amending the registered agent and/or	registered office	address on our records, enter the n	ame of the new regis
ent and/or the new registered office addre	ess here:		OCT
Name of New Registered Agent:	· ·		<del></del>
New Registered Office Address:	1550 Madruga	Avenue, Suite 317	
The Megister of the Address.		Enter Florida street address	0 2 2 2 2 2
	Coral Gables	, Florida	
		City	Zip Code

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

15612148442

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.

Kevin Duteau, Attorney-in-Fact

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>	Address	Type of Action
MGR	Flavio Vieira Lima Neto	1550 Madruga Avenue, Suite 317	
		Coral Gables, FL 33146	□Remove
			☐ Change
			□Add
			Remove
			□Remove
			Change
			Remove
			Change
	<del> </del>		□Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□Add
		<del></del>	Remove
			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef Note:	tive date, if other than the date of filing:  [Coptional]  [Coptional]
he reco ord is f	rd 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 iled.
Dated	October 17th  2022  Lovi Duten
	·
	Signature of a member or authorized representative of a member
	Kevin Duteau, Attorney-in-Fact

Filing Fee: \$25.00