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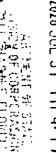
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### **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC'	RHABREU			
HOBJEC	l:		nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease ret	urn all correspo	ndence concerning this matter	to the following:	
		Carlos Renato de Abreu		
			Name of Person	
		RITABREU LLC		
			Firm/Company	
		7988 Via Dellagio Way, S	uite 206	
			Address	
		Orlando, FL 32819		
			City/State and Zip Code	
		Werner @ d32i	NUEST . COM to be used for future annual report notif	ication)
For furthe	r information co	oncerning this matter, please c		
We	rner M	lacedo	at (954) 205 + Area Code Daytime	1300
	Name of	° Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	0 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 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

R11Abreu LLC

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

(A Flo	orida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liabilit Florida document number L20000201767	_	rere filed on 07	1/13/2020	and assigned
This amendment is submitted to amend the following	g:			. \$
A. If amending name, enter the new name of the	limited <u>liabili</u>	ty company h	ere:	
The new name must be distinguishable and contain the words	"Limited Liability	Company," the	designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:			· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET AL	DDRESS)	· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			,
B. If amending the registered agent and/or registered agent and/or the new registered office address her		dress on our 1	records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	·		<del></del>	
New Registered Office Address:				
		Enter Flo	orida street address	
<u> </u>			, Flori	
		City		Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change	nd complete po ed agent as pro stered office ac	erformance of ovided for in G	f my duties, and Chapter 605, F.S	I am familiar with and S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
MGR	Carlos Renao de Abreu	7988 Via Dellagio Way, Suite 206	□ Add
		Orlando, FL 32816	■Remove
			□Change
MGR	Carlos Renato de Abreu	7988 Via Dellagio Way, Suite 206	■Add
		Orlando, FL 32819	□Remove
			Change
<del></del>			□ Add
			□Remove
			□Change
<del></del>			□Add
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		<u> </u>	□Add
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f an effecti <u>Note:</u> If t	ve date is listed. the date inserte	r than the dat the date must be d in this block te on the Depar	specific and c does not me	annot be priced the appli	or to date of fi cable statut	iling or more th	an 90 days afte		
e record sp rd is filed.		ed effective da	ie, but not a	n effective	time, at 12:	01 a.m. on th	e carlier of: (I	) The 90th d	ay after the
Jul Dated	y 28th			2020					
	ulu	allin	·,		·		nember		
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