

From: Robert Fanjul  
10/12/21, 8:18 AM

Fax: 18775036086

To:

Fax: (850) 617-6383

Page: 1 of 4

10/12/2021 8:12 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H210003802053ABCV

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC  
Account Number : I20190000080  
Phone : (305)603-8791  
Fax Number : (877)503-6086

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

Email Address: \_\_\_\_\_

2021 OCT 12 AM 9:43

TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RRG CARE TRADER LLC

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

2021 OCT 12 AM 11:26  
TALLAHASSEE, FLORIDA

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VH

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RRG CARE TRADER 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 11/10/2020 and assigned  
Florida document number L20000344968.

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: \_\_\_\_\_

(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

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

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2021 OCT 12 AM 11:38  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

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	ROGELIO G PUCCI	4000 TOWERSIDE TER APT 1104	<input type="checkbox"/> Add
		MIAMI, FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELISA S DOMINGUEZ	DRAGONES 1880 2B	<input checked="" type="checkbox"/> Add
		CIUDAD DE BUENOS AIRES	<input type="checkbox"/> Remove
		ARGENTINA	<input type="checkbox"/> Change
AMBR	RICARDO F DOMINGUEZ	AVE MITRE Na 1957 PISO 1	<input checked="" type="checkbox"/> Add
		BERAZATEGUI PROVINCIA DE BUENOS AIRES	<input type="checkbox"/> Remove
		ARGENTINA	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

GABRIELA M PISTO OWNS 52% OF THE COMPANY

MELISA S DOMINGUEZ OWNS 24% OF THE COMPANY

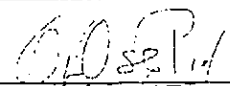
RICARDO F DOMINGUEZ OWNS 24% OF THE COMPANY

**E. 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.

If the record 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 record is filed.

Dated OCTOBER 11, 2021  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

GABRIELA M PISTO

\_\_\_\_\_  
Typed or printed name of signer

FILED  
2021 OCT 12 AM 11:26  
FACILITY  
STATE  
SECRET  
FLORIDA