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SECRETARY OF STAT

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COVER LETTER

TO: Registration Sect Division of Corpo			
SHRIECT:	CRR CON	ectables LUC	
SOBJECT.	Name of Lin	mited Liability Company	
The enclosed Articles of A	mendment and feets) are sul	omitted for filing.	
Please return all correspond	lence concerning this matter	r to the following:	
	Dar	Miel Diaz Name of Person	
•		Name of Person	
	सहाय	Collectables U	SECT TAR
	7104 Laure		FILED 2021 JUL 28 PM 3: 10 SECRETARY OF STATE SALLAHASSEE, FI.
		Address	SSE
	Miami Lake	City/State and Zip Code	लंड य
		City/State and Zip Code	
		5300g mill.com	
For further information con	ri-mail address; (cerning this matter, please c	to be used for future annual report not all:	ilication)
Daniel Diaz		at (<u>786)</u> 281 – Area Code Daytin	2925
Name of Pe	2FSOH	Area Code Daytin	ne Telephone Number
Enclosed is a check for the f	following amount:		
□ \$25,00 Filing Fee	S30 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)
<u>Mailing Address:</u> Registration Sec	rtion	<u>Street Address:</u> Registration Se	ction
Division of Corp		Division of Cor	porations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of T 2415 N. Monro	fallahassee e Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DBB Collectables (Name of the Limited Liability Compa) (A Florida Limited I	ny as it now appears on ou	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 354572</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	•	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2021 JUL 2 SECRE A TALLA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		28 PN 3: 10 ARY OF STATE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	vet address
	City	Florida
	citi	774 COM

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>	Name	Address	Type of Action
	-		
			□Remove
		-	Change
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ctive date, if other than the date of filing:	optional) re than 90 days after filing) Pursuant to 605 02
If the date inserted in this block does not neet the applicable statutory filing iment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o filed.	n the earlier of: (b) Th	e 90th day after th
d		
Signature of a member or authorized representative of	of a member	