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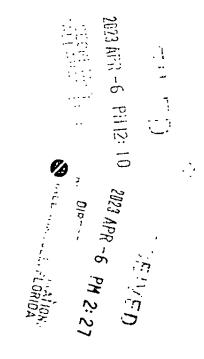
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| APR - 7 2023 |

Office Use Only



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Return this Sheet with the.

Filipas he will know what Box to Put it in Fir it ck-up

COVER LETTER

TO:

| TO: Registration S Division of Co | | | |
|---|--|---|---|
| CARBON SUBJECT: | Y BRASAS CA LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| 201 | | | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspondence | ondence concerning this matter | to the following: | |
| | MARIA FERSACA | | |
| | | Name of Person | |
| | MFF SOLUTIONS LLC | | |
| | | Firm/Company | |
| | 142 NW 37TH STREET | | |
| | | Address | |
| | MIAMI, FL 33127 | | |
| | <u> </u> | City/State and Zip Code | |
| | MFFSOLUTIONSLLC@G | | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | concerning this matter, please c | all: | |
| MARIA FERSACA | | 305 790-3114 | |
| Name c | of Person | at () Area Code Daytim | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Addres</u> Registration (| | Street Address: Registration Sec | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | 2.7 | The Centre of T | allahassee |
| Tallahassee, | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 AFR - 6 PH 12: 10

CARBON Y BRASAS CA 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 11/18/2020 | and assigned |
|---|--------------------------------|---|
| Florida document number L20000365687 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| ROSSETTI ANGELO INTERNACIONAL LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | |
| | | . <u>. </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| P. If amonding the registered great and/or and/or and/or and/or | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, | enter the name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | - |
| New Registered Office Address. | Enter Florida street | address |
| | | Florida |
| | City | _, Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duti- | es, and I am familiar with and |

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|----------------------|-----------------|
| MGR | HOMEDAN, ADJAM | 8505 FALLING BLVD PL | □Add |
| | | RIVERVIEW, FL 33578 | Remove |
| | | | □ Change |
| MGR | GOMEZ, VICTOR | 8505 FALLING BLVD PL | □Add |
| | | RIVERVIEW, FL 33578 | Remove |
| | | | Change |
| MGR | OSIO, NORLANDO | 8505 FALLING BLVD PL | □Add |
| | | RIVERVIEW, FL 33578 | ■ Remove |
| | | | □Change |
| MGR | PEREZ. MANUEL | 8505 FALLING BLVD PL | □ Add |
| | | RIVERVIEW, FL 33578 | ≡ Remove |
| | | | □Change |
| MGR | APARICIO, ALFONSO | 8505 FALLING BLVD PL | |
| | RIVERVIEW | RIVERVIEW, FL 33578 | ■Remove |
| | | | □Change |
| | - | | □ Add |
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| iffective | e date, if other than the date of filing: |
| f an effecti Note: If | tive 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 605.020 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| document | it's effective date on the Department of State's records. |
| | |
| | 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 |
| e record s | l, |
| e record s rd is filed | |
| rd is filed. | PRIL 05 2023 |
| e record's rd is filed. AI Dated | PRIL 05 2023 |
| rd is filed. | |
| rd is filed. | Signature of a member authorized representative of a member |

. . .

Filing Fee: \$25.00