

**L21000140726**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

(((H21000399152 3)))



H210003991523ABC%

**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 : GEOFFREY M. WAYNE, P.A.  
Account Number : 076770003401  
Phone : (305)381-8108  
Fax Number : (305)381-8109

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 OCT 28 AM 10:17

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

Email Address: LA2@ABOGADOMIAMI.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RBI DEVELOPMENT GROUP LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

OCT 29 2021  
A. LUNT

2021 OCT 28 AM 7:58

CALL 850-487-1100

**COVER LETTER**

((H21000399152 3)))

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RBI DEVELOPMENT GROUP LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy E. Calderon

\_\_\_\_\_  
Name of Person

Geoffrey M. Wayne, P.A.

\_\_\_\_\_  
Firm/Company

135 San Lorenzo Ave., PH 840

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City/State and Zip Code

la2@abogadomiami.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy E. Calderon

305 381-8108  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

((H21000399152 3)))

((H21000399152 3)))

03-4A6137385438  
**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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

Florida document number L21000140726

**A. If amending name, enter the new name of the limited liability company here:**

**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**

((H21000399152 3)))

By amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

((H21000399152 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leonardo D. Rostoker	1920 E HALLANDALE BEACH BLVD, SUITE 705.	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	Leonardo D. Rostoker	1920 E HALLANDALE BEACH BLVD, SUITE 705.	<input checked="" type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alejandro I. Rostoker	1920 E HALLANDALE BEACH BLVD, SUITE 705.	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Andres B. Saias	1920 E HALLANDALE BEACH BLVD, SUITE 705.	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo Rodriguez	1920 E HALLANDALE BEACH BLVD, SUITE 705.	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ernesto S. Rostoker	1920 E HALLANDALE BEACH BLVD, SUITE 705.	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H21000399152 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H21000399152 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/P	Moises Benatar Carciente	19550 AMBASSADOR CT	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<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
			<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

(((H21000399152 3)))

((H210003991523)))

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

Remove Leonardo D. Rostoker as Manager.

Add Leonardo D. Rostoker as Secretary.

Remove Alejandro I. Rostoker as Manager.

Remove Andres B. Saiasas Manager.

Remove Ricardo Rodriguezas Manager.

Remove Ernesto S. Rostoker as Manager.

Add Moises Benatar Carciente as President and Manager.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2021 OCT 28 AM 10:17

**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 27, 2021

DocuSigned by:

Geoffrey M. Wayne

540CEDDC09F48F

Signature of a member or authorized representative of a member

Geoffrey M. Wayne, Authorized Representative

Typed or printed name of signee

((H210003991523)))

Filing Fee: \$25.00