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Division of Corporations

## Florida Department of State Division of Corporations Electronic Piling Cover Street

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From:

Account Name : MARIA A. MORA Account Number : I20200000097 Phone : (305)206-7926 Fax Number : (305)675-2631

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

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#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LB&C USA LLC

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### COVER LETTER

Division of Cor	porations	•			
LB&C'USA	LLC				
<del></del>	Name of L	iraited Liability Company			
The enclosed Articles of	Amendment and fee(s) are so	e communication			
•		••	· · · .		
rease return an correspon	ndence concerning this matte	er to the following:	•		
	MARIA A. MORA				
		Name of Person			
	MARIA A. MORA SER	VICES CORP			
		Firm/Company			
	2647 SW 27TH CT				
	MIAMI, FL 33133	Address	: * * . * . * . *		
	cinoramaria@aol.com	City/State and Zip Code			
	E-mail address:	(to be used for future annual report noti	fication)	2027	
For further information cor	ocerning this matter, please of	call:		2022 HAY \$ 2555	
MARIA A: MORA		305 206-7926		712	· ***
Name of P	erson	Area Code Daytim	Telephone Number	平海 3	Chesing The Chesing Chesing
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Enclosed is a check for the	following amount:				j.
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing 1 Certificate of Certified Copy (additional copy)	Fee, Stanis & V	
To If a Chicago A. A. A.					

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

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

LB&C USA LLC		
(Name of the Limited Liability (A Fiorida I	Company as it now appears on our record- imited Liability Company)	5.)
The Articles of Organization for this Limited Liability Co	09/97/2071	and assigned
Florida document number L21000368425	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)	20
		5.0 8
<b>V</b>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		, 😕 🚁
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	agent:	
	<del> </del>	

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 us registered agent as provided for in Chapter 605, F.S. Or, if this document is heing 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 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

Titte	Name	Address	Type of Action
AMBR	FELIX A. GANOZA	8201 PETERS ROAD	-
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