Florida Department of State Division of Componentions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC Account Number : I20210000128 Phone : (305)244-9500 Fax Number : (954)827-9354

tinter the email address for this business entity to be used for future

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **B2U JEANS LLC**

annual report mailings. Enter only one email address please.**

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COVER LETTER

TO:	Registration Se Division of Cor		4	•	•	, L
C1:D1	rom.		2U JEANS LLC			
SUBJI	ECT:		nited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			RODRIGO URBINA			
			Name of Person			
			SUNBIZ ONLINE LLC			
			Firm/Company	····		_
		1401 SAW	GRASS CORPORATE P	KWY, SUITE	200	
			Address		 	_
			SUNRISE, FL 33323			
		Part to the Part to the test of the test o	City/State and Zip Code			
			DRIGO@SUNBIZONLI			
			to be used for future annual	report notificati	ion)	
For iur	ther information co	oncerning this matter, please c	all:			
	RODRIG	O URBINA	305 at ()	244-	9500	
Name of Person			Area Code	Daytime Tel	ephone Numb	er
Enclose	ed is a check for th	c following amount:				
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is enc		Certifie	ate of Status &
	Mailing Address Registration S		<u>Street A</u> Registre	ddress: ation Section	n	
	Division of C	orporations		n of Corpora		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	B2U JEANS LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears da Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/21/2021	and assigned
Florida document numberL21000417719			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company her	<u>c</u> :	
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		127 2 127 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our rec	ords, <u>enter the ne</u>	ime of the new registered
Name of New Registered Agent:			5 - The State of t
New Registered Office Address:	f. er	a street address	<u> </u>
	Enter Florid		P A
	City	, Florida .	→ Co on Star Cooks
	Ç ii)		E TENTO

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 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
AMBR	GABRIELA J. VALERA	1401 SAWGRASS CORPORATE PKWY	= Add
		SUITE 200	
		SUNRISE, FL 33323	[]Change
			□Add
			□Remove
			[]Change
· 2712 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			□Add
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