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(((H22000121373 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773 : (815)301-2897 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RBI CONSULTING LLC**

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Electronic Filing Menu Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	It now appears on our records.) ity Company)		_
he Articles of Organization for this Limited I	Liability Company wen	c filed on JANUARY 4, 2022	and	assigned
lorida document number L22000020981				
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name of	of the limited liability	company here:		
he new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC" of	r the abbreviation	"L.L.C."
ater new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u> </u>			
. If amending the registered agent and/or gent and/or the new registered office address.		ess on our records, <u>enter the</u>		2022
Name of New Registered Agent:	RAZ BEN ISHAY			APR I
			•	
New Registered Office Address:	18800 N. E. 29th A		·	
New Registered Office Address:	18800 N. E. 29th A	VENUE, APT. 123 Enter Florida street address		

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
AMBR	ERAN EFRAT	3520 NE 188TH \$TREET APT 607	
		AVENTURA FL 33180	■Remove
			□ Change
AMBR_	RAZ BEN ISHAY	18800 N. E. 29th AVENUE, APT. 123	₩ Add
	AVENTURA FL 33180	□Remove	
			□Add
			□Remove
			Change
			□Add
		□Remove	
			Change
			🗖 Add
			□Remove
			🗆 Add
			□Remove
			[][Change

Effec	tive date, if other than the date of filing: (optional) ffective 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 (
NOLE	Intercept date is listed, the date must be specific and cannot be prior to date of thing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t ment's effective date on the Department of State's records.
e reco	ord 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 filed.
rd is f	March 3, 2022
rd is t	
rd is t	
rd is t	Can Grat Signature of a member or authorized representative of a member

Filing Fee: \$25.00