Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

58

<u>:</u>

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA EXPORTER DEALER LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA	EXPORTER DEA	ALBR LLC		
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number L22000062898	ability Coropany	were filed on 02/16/2022	and assigne	:d
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ollity company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C.	
Enter new principal offices address, if applic.	able:	5201 ORDUNA DRIVE		
(Principal office address MUST BE A STREET ADDRESS)		SUITE 7		
		CORAL GABLES, FL 33146		
Enter new mailing address, if applicable:	ROY)	5201 ORDUNA DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 33146		
B. If amending the registered agent and/or ragent and/or the new registered office address		address on our records, <u>en</u> ter the na	me of the new re	ē ii Zi⊶,⊤
Name of New Registered Agent:				
New Registered Office Address:	5201 ORDUN.	A DRIVE, SUITE 7	7.17 N	<u>, </u>
		Enter Florida street address	E	•
	CORAL GABI		33146	
		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

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
			DAdd
			Remove
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
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			□Add
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			☐ Change
	<u> </u>	DAdd	
			□Remove
			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing: (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
he recor	d 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 led.
Dated	May 3rd , 2022
	Signature of a member or authorized representative of a member
	Erin Saville, Attorney-In-Fact Typed or printed name of signee

Filing Fee: \$25.00