7/24/23, 3:50 PM

Division of Corporations

(FAX)



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.

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To:			
	Division of C	orporations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: ELO ENTERPRISES, IN	łC
	Account Numba	n + 130150000100	

Account Number	: 120150000109
Phone	: (561)544-8862
Fax Number	: (954)697-0130

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

Email Address: sales@eloenterprises.us

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RBR DEVELOPMENT, LLC.

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K. Brumbley

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ARTICLES OF A TO ARTICLES OF O * O	O RGANIZATION • 3
RBR DEVELOPMENT, LLC. (Name of the Limited Liability Compar (A Florida Limited L	<u>1v as it now appears on our records.)</u> ability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 02/16/2022 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	

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: ~

			023	
Name of New Registered Agent:			<u></u>	<u> </u>
New Registered Office Address:			-24	FILAR
	Enter Florida street address		PH	
	, Florida	11:00		<u> </u>
	City	Eip	Colle	
v Registered Agent's Signature of changing Registered Agent			دت	

New 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.

(FAX)

P.003/004

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	RBEIRO, THIAGO	1360 HYPOLUXO RD.	🖸 Add
		LANTANA, FL 33496	Remove
			Change
MGR	MARINA GOMES RIBEIRO	9075 CHAUVET WAY	<b>☐</b> Add
		BOCA RATON, FL 33496	🗆 Remove
			🗆 Change
			⊡Add
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ive date, if other than the date of filing: _ fective date is listed, the date must be specific and car			_ (optional)	

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

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.

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JUNE 13th	2023
u	_,
Signature	of a member or anti-tred representative of member
MARINA GOMES RIBEIRO - M	1GR
	Typed or printed name of signee