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 Corporations

Fax Number : (850)617-6383

From:

Account Name : E & F LATIN GROUP LLC

Account Number : 120160000049 Phone : (954)384-8565 Fax Number : (954)385-5175

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 ANABELLA GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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MAR 16 2022

COVER LETTER

TO: Registration So Division of Cor			
	A GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DIEGO FIGUEROA		
		Name of Person	.
	E & F LATIN ACCOUNT	TING	
		Firm/Company	
	1820 N CORPORATE LA	KES BLVD STE 109	
		Address	
	WESTON FL 33326		
		City/State and Zip Code	
	OFFICE@EFLATINACCO	DUNITING.COM to be used for future annual report notification)	
the first or information	concerning this matter, please c		
	timeering this thatter, pieuse e		
DIEGO FIGUEROA		at ()	
Name o	of Person	Area Code Daytime Teleph	ione Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filling Fcc	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporation	
P.O. Box 632 Tallahassee.		The Centre of Tallaha 2415 N. Monroe Stree	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANABELLA GROUP LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
(A Frontial Frances Classics	unity Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 02/23/2022	and assigned
Florida document number L22000077707		
Tiona document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
ANABELLA CRUSCOMAGNO LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal Office address story be noticely installed		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	dress on our records, enter the name	of the new registere
agent and/or the new registered office address here:	N/	
	至少	2022
Name of New Registered Agent:	in the	2
New Registered Office Address:	- 100 (100 (100 (100 (100 (100 (100 (100	AR _
New Registered Office Address.	Enter Florida street address 💛 🚉	55
	ריון ריון	
	City Florida 11	⊒ip Cade
New Registered Agent's Signature, if changing Registered Agent:	IAI ORI	
THE BERNELEO AREAL & SIGNALUI C. II CHARRING REVINELEO AREAL.	Φ(T. 3>	-

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>	Name	Address	Type of Action
AMBR	BLANQUE, MARCELO	245 GLENRIDGE RD	
		KEY BISCAYNE, FL 33149	⊟Remove
			☐ Change
			□Remove
			☐ Change
			⊡Add
			□Remove
			Change
			Ubb.□
			□Remove
			Change
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	03/11/2022	
ffective date, if other than the c	ate of filing:	(optional) lling or more than 90 days after filing.) Pursuant to 605.0
an effective date is used, the date must love: If the date inserted in this blooms	k does not meet the applicable statut	ory filing requirements, this date will not be listed
ocument's effective date on the Dep	partment of State's records.	
	date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after
d is filed.		
MARCH 11	2022	
Dated	2022	
		->
	ignature of a member or authorized repre	

Typed or printed name of signec-