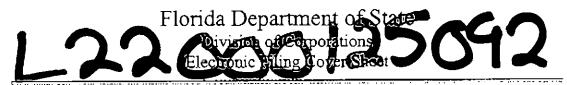
Division of Corporations

6/8/22, 10:09 AM



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 : LISETTE PIE SALAZAR PA

Account Number : I20120000076 : (305)361-6161 Fax Number : (305)361-6168

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

| Empil | Address: | | | |
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| CMGII | Addit ess. | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & R INTERNATIONAL INVESTMENT PROPERTIES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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| TO: | Registration S Division of Co | | | , Ø | • • |
| | | TERNATIONAL INVESTMEN | T PROPERTIES LLC | | |
| SUBJE | CT: | Name of Limi | ited Liability Company | | <u> </u> |
| The enc | losed Articles o | f Amendment and fee(s) are subj | mitted for filing. | | |
| Please re | eturn ali corresp | condence concerning this matter | to the following: | | |
| | | Lisette Salazar | | | |
| | | | Name of Person | · - | - |
| | | Lisette Pie Salazar PA | | | |
| | | | Firm/Company | | |
| | | 200 Crandon Blvd. #311 | | | |
| | | | Address | | |
| | | Key Biscayne, FL 33149 | | | |
| | | | City/State and Zip Code | | |
| | | lpsalazarlaw@aol.com | | | |
| | | E-mail address: (| to be used for future annual | report notification) | i |
| For furt | her information | concerning this matter, please ca | all: | | |
| Lisette | Salazar | | 305 361 | 1-6161 | |
| | Name | of Person | Area Code | Daytime Teleph | none Number |
| Enclose | d is a check for | the following amount: | No. | | |
| ■ S25 | i.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee of Certified Copy (additional copy is enc.) | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Addr | | Street A | | |
| | Registration of | 1 Section Corporations | _ | ation Section n of Corporati | ons |
| • | P.O. Box 63 | | The Ce | ntre of Tallaha | issee |
| | Tallahassee | , FL 32314 | 2415 N | . Monroe Stre | et, Suite 810 |

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| R & R INTERNATIONAL INVESTMENT PROPERT | | • |
|--|---|-----------------------|
| (Name of the Limited Lizbility Compar (A Florida Limited L | iv as it now appears on our records.) isbility Company) | |
| The Articles of Organization for this Limited Liability Company | were filed on 03/25/2022 | and assigned |
| Florida document number L22000125092 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| he new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | · · · · · · · · · · · · · · · · · · · | |
| | | |
| n n n n n n n n n n n n n n n n n n n | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | 11 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | igaress on our records, enter the ha | THE OF THE HEW TESTS |
| | | JUL 2 |
| Name of New Registered Agent: | | - 8 |
| New Registered Office Address: | Enter Florida street address | - 3 C |
| · | , Florida _ | 9 |
| | City | Zip C och 😄 |
| New Registered Agent's Signature, if changing Registered Agent: | | |

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

If Changing Registered Agent, Signature of New Registered Agent

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 = | Малаger | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|---------------------------------------|-----------------|
| MGR | Tavarez, Ramon | 185 SW 7 St., Suite 2210 | |
| | | Miami, FL 33130 | Remove |
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| Effective date, if other than the first of the date is listed, the date in Note: If the date inserted in this document's effective date on the | block does not me | eet the applicabl | date of filing or more e statutory filing re | (optio than 90 days after t equirements, this | nal) filing.) Pursuant to 605.020 date will not be listed a |
| ne record specifies a delayed effectord is filed. | tive date, but not a | n effective time | :, at 12:01 a.m. on t | the earlier of: (b) | The 90th day after the |
| June 7 | | 2022 | | | |
| Dated | | | | | |
| Dated | | س | سن المستنية | _ | • |

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