## L22000264363

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL.
(Business Entity Name)	
(Document Number)	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2RR, LLC					
(Name of the Limited (A	A Florida Limited I	ny as it now appears on or liability Company)	ir records.)		
The Articles of Organization for this Limited Liab Florida document number L22000264363	bility Company	were filed on 06/09/202	22	and assig	ned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liab	ility company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designat	ion "LLC" or the abb	reviation "L.L.0	
Enter new principal offices address, if applical	ble:	<del></del>		<u> </u>	
Principal office address MUST BE A STREET	'ADDRESS)			7022F	<del></del>
			<u></u>	<u> </u>	* *
		105: 8:00 1020 (8 687)			. ,
Enter new mailing address, if applicable:		1851 NW 123RD AVI		() 	
Mailing address MAY BE A POST OFFICE B	OX)	PEMBROKE FL 330			
				0.9	<del></del>
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:	here:	address on our record			registe
	1851 NW 123RD AVE				
New Registered Office Address:		Enter Florida stre	ret address	• 11	
	PEMBROKE		, Florida 330	26	
	<del></del>	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
MGR	CEDENO WOLKMAR, RAFAEL	999 BRICKELL AVENUE, SUITE 610	🗆 Add
		MIAMI FL 33131	■Remove
			□ Change
MGR	IAC USA INC. LLC	999 BRICKEELL AVENUE, SUITE 610	<b>=</b> Add
		MIAMI FL 33131	□Remove
			□ Change
			Add 200222
			Remove
			OChange
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			□Remove
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NONE		
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tive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable stanent's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursatutory filing requirements, this date will r	uant to 605 not be liste
ord specifies a delayed effective date, but not an effective time, at filed.	12:01 a.m. on the earlier of: (b) The 90th	h day after
d OCTOBER 31 2022		
	·	

Typed or printed name of signee