## Division of Corporations Electronic Filing Cover Sheet

**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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Account Number: 110432003053 Phone: (561)694-8107 Fax Number: (561)214-8442	Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107			(222,222	=
Account Number: 110432003053	From:  Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  Account Number : 110432003053		Fax Number		Σ
Tananata Number - 110422002052	From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC.		* = -		(
From:	From:				_
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BAFRY INTERNATIONAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

BAFRY INTERNATIONAL LLC			···//: 27
(Name of the Limite	d Liability Comp A Florida Limited	any ay it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Torida document number L22000320213	=	were filed on 07/20/2022	and assigned
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liat	oility company here:	
N/A			
he new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the designation "ELC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A	
Principal office address MUST BE A STREET	(ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE B	8 <i>0X</i> )		
	<del></del>		
3. If amending the registered agent and/or re egent and/or the new registered office address		address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street address	
	-		ida

## 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 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	Pamela Perez Cuvit	255 ALHAMBRA CIRCLE-SUITE 500	
		CORAL GABLES, FL 33134	□Remove
			🗆 Change
			□Add
			□Remove
			□Change
			🗆 Add
		<del></del>	Remove
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ctive date, if other than the da	te of filing:	to date of filing or more than 90 days after	nal)
effective date is listed, the date must be e: If the date inserted in this block	does not meet the applic	to date of filing or more than 90 days after lable statutory filing requirements, this	date will not be listed as
ument's effective date on the Depa	rtment of State's records		
ord specifies a delayed effective defiled.	ne, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
December 15th	2022		
id Link		·	
t. ····································		orized representative of a member	

Filing Fee: \$25.00