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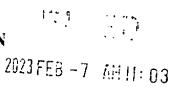
A! FEB - 7 L-3

COVER LETTER

TO: Registration Sect Division of Corpo			
	MOUNTANIS LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	CAMILO BUITRAGO		
		Name of Person	
		Firm/Company	
	209 PALM CIRCLE E		
	PEMBROKE PINES. FL 3	Address 3025	•
		City/State and Zip Code	
	FISHINTHEMOUNTAINS	@GMAIL.COM to be used for future annual report no	tilication)
For further information co	oncerning this matter, please ca		
CAMILO BUITRAGO		754 271-8978	
Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	Section
Division of C	Corporations	Division of C The Centre of	
P.O. Box 632 Tallahassee, I			roe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FISHINHTEMOUNTANIS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 07-20-2022	and assigned	
Florida document number L22000321376			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
CANNIBAL REX LLC			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	209 PALM CIRCLE E		
(Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, FL 33025 US		
Enter new mailing address, if applicable:	209 PALM CIRCLE E		
(Mailing address MAY BE A POST OFFICE BOX) PEMBROKE PINES, FL 3302	PEMBROKE PINES, FL 33025 US		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	ime of the new register	
New Registered Office Address:			
	Enter Florida street address		
	, Florida	7in Codu	
New Registered Agent's Signature, if changing Registered Agent:	<u>,</u>	wip com	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and I are	n familiar with and	

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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	ANABEL MANUELA ROMERO	209 PALM CIRCLE E	≅ Add
		PEMBROKE PINES, FL 33025 US	□Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
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ffective date, if other than the data an effective date is listed, the date must bote: If the date inserted in this block beament's effective date on the Department's effective date on the Department's	e specific and cannot be prior k does not meet the applica	to date of filing or more able statutory filing re	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605,020 vill not be listed a.
record specifies a delayed effective d is filed.	ate, but not an effective til	me, at 12:01 a.m. on t	he earlier of: (b) The	90th day after the
FEBRUARY 6	2023	·		
FEBRUARY 6	D. gnature of a member or autho	rized representative of	nember	

Filing Fee: \$25.00