## Florida Department of State

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.

(((H220003839943)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:\_\_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONFIDENCE INTERNATIONAL DEVELOPMENTS LLC

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

## C. BRUMBLEY

Se

NUV 1 4 2022

To: 18506176383 From: 12147128131 Date: 11/09/22 Time: 10:45 PM Page: 02/04

dotloop signature verification. The second of the second

## ARTICLES OF AMENDMENT TO

(((H220003839943))) ARTICLES OF ORGANIZATION **OF** 

CONFIDENCE INTERNATIONAL DEVELOPMENT	ENTS LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our re d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/26/2022	and assigned
Florida document number L22000460114		<b>202</b>
This amendment is submitted to amend the following:		FIL 2022 NOV 10 SECRETARYS
A. If amending name, enter the new name of the limited li		河州 圣 17
The new name must be distinguishable and contain the words "Limited Lia	ibility Company." the designation	"LLC" or the abbreviation "L L
Enter new principal offices address, if applicable:		36 7E
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
		10 1

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

To: 18506176383 From: 12147128131 Date: 11/09/22 Time: 10:45 PM Page: 03/04 do:loop signature verification in a line of the line.

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

(((H220003839943)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	CONFIDENCE DORNU-LEI	5201 BISCAYNE BLVD #15	□Add
		MIAMI, FL 33137	Remove
AMBR	CONFIDENCE DORNU-LEIKU	5201 BISCAYNE BLVD #15	
		MIAMI, FL 33137	DRemove
			□Change
			□Remove
			Change
			DRemove
			Change
			□Add
			Remove
			[] Change
			[] Add
			©Remove
			[] Change

amending any other in	formation, enter ch	range(s) here	: (Attach addit	ional sheets, if i	iecessary.)	
<del>-</del> .				· · ·		
	<del></del>				· · · · · · · · · · · · · · · · · · ·	
			<u> </u>		<del></del>	_
	<u>.</u>	<del></del>	•			_
	<u> </u>	•			<del></del>	<del>_</del>
						_
<del></del>	<del></del>					_
						_
						_
						_
****						_
			· ·-			_
						_
ffective date, if other them effective date is listed, the	tan the date of filing date must be specific and	g: Leannot be prior	to date of filing or	(o more than 90 days :	optional) after filing ) Purswint to 6	505 D2
ote: If the date inserted in scument's effective date of	n this block does not n	neet the applica	able statutory fili	ng requirements,	, this date will not be li	isted
Southern 5 errouter and c	ar the Boparanoa or o					
record specifies a delayed	effective date, but not	an effective ti	me, at 12 01 a.m	, on the earlier of	f. (b) The 90th day af	fter th
is filed.						
November 8		2022				
ated				$\neg$		
	- Fairin		Sottoop verified 11/08/72 \$ \$4 PM 151 550B ZKNB OTVW Bill	90		