L2300091962

	(Requestor's Name)
	(Address)
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- 	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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	(Document Number)
	(Document Adminer)
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COVER LETTER

Division of Cor	porations		
SUBJECT: EARL'S IN	TERNATIONAL BUSINESS,	LLC	
	Name of Lun	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MIGUEL FUENTES MOR		
		Name of Person	
	EARL'S INTERNATIONA	M. BUSINESS, LLC	
		Firm Company	
	12701 S. JOHN YOUNG E		
		Addiess	
	ORLANDO FL 32837		
		City State and Zip Code	
	mluentes/g floridamvestgro	up.com	
	E-mail address (to be used for future annual report noti	tication)
For further information c	oncerning this matter, please co	all;	
MIGUEL FUENTES MO	ORAN	786 2006210	
Name o	t Person	at ()	ic Telephone Number
finclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Cor	
P.O. Box 631	27	The Centre of T	Γallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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EARL'S INTERNATIONAL BUS	INESS, LLC		Contraction of the Contraction o
(Name of the Limi	ted Liability Company as it now as (A Florida Limited Liability Compa	opears on our records.) my)	DAL, CONSTREE,
The Articles of Organization for this Limited L Florida document number 1.23000091962	iability Company were filed or	02/21/2023	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>iy here</u> :	
The new name must be distinguishable and contain the v	words "Limited Liability Company,"	the designation "LLC" of the	ne abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BON		
B. If amending the registered agent and/or agent and/or the new registered office addresses	*2"	our records, <u>enter the l</u>	name of the new registered
Name of New Registered Agent:	MIGUEL FUENTES MORA	AN'	
New Registered Office Address:	12701 S. JOHN YOUNG PK	WY STE 202	
	Ente	r Florida sircet address	
	ORLANDO	, Florid:	32837 Zip Code
	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>	<u>Address</u>	Type of Action
MGR	MIGUEL FUENTES MORAN	12701 S. JOHN YOUNG PKWY STE 202	■ Add
		ORLANDO FL 32837	
			□Change
MGR	ENRIQUE CONDE VALVERDE	12701 S. JOHN YOUNG PKWY STE 202	Cladd
		ORLANDO FL 32837	
			□ Change
			□Remove
			Change
			
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ote: If the dat	f other than the date of stisted, the date must be specifinserted in this block does tive date on the Departmen	not meet the applica	ble statutory filing r	equirements, this date) Pursuant to 605 020 will not be listed as
record specifie is filed.	a delayed effective date, bi	ut not an effective tir	ne, at 11:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
, MARCII	20	2023			
ated		<u></u>	(- HH		
ated	Signature	e of a member or autho	rized representative of	a nember	

Filing Fee: \$25.00