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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC

Account Number : I20210000128 Phone : (305)244-9500 fax Number : (954)827-9354

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 GRUPO BG INTERNATIONAL LLC



| Certificate of Status | 0 |
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| Certified Copy | 0 |
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| Estimated Charge | \$25.00 |

M. SOLOMON

JUL - 6 2023

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COVER LETTER

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|--------------------------|----------------------------|---|---|--|---|--|
| SUBJECT: | | GRUPO BG I | NTERNATIONAL LLC | | | |
| SUBJECT: | | Name of Lin | ited Liability Company | - | . | |
| | | nendment and fee(s) are sub | _ | | | |
| Please return at | l correspond | lence concerning this matter | to the following: | | | |
| | | RODRIGO URBINA | | | | |
| | | ************************************** | Name of Person | ************************************* | | |
| SU | | | SUNBIZ ONLINE LLC | SUNBIZ ONLINE LLC | | |
| | | | Firm/Company | | | 202 |
| | | 1401 SAW0 | RASS CORPORATE P | KWY, SUITE | 200 | 2029 JUL -5 Georgiany Allahassi |
| | | | Address | | | TAA SASS |
| | | | SUNRISE, FL 33323 | | | THE TOTAL |
| | | DOD | City/State and Zip Code | | | 유 <u>국</u> 유 |
| | | | ORIGO@SUNBIZONLINE.ORG (to be used for future annual report notification) | | | 22 100 100 100 100 100 100 100 100 100 1 |
| For further info | rmation con | cerning this matter, please c | all: | | | |
| | RODRIGO | URBINA | 305 at () | 244- | 9500 | |
| | Name of Po | erson | Area Code | Daytime Tele | phone Number | |
| Enclosed is a ch | eck for the f | following amount: | | | | |
| ■ \$25.00 Filir | ng Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee Certified Copy (additional copy is en | | S60.00 Filing F Certificate of S Certified Copy (additional copy is | Status & |
| Regis | g Address: tration Sec | | | ration Section | | , |
| Division of Corporations | | Division of Corporations | | tions | | |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| | FINTERNATIONAL LLC | | |
|---|---|----------------------------|--|
| (<u>Name of the Limited Liability</u> (A Florida Li | Company as it now appears omited Liability Company) | n our records.) | |
| The Articles of Organization for this Limited Liability Con Florida document number | npany were filed on | 04/05/2023 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d liability company here | ; | |
| The new name must be distinguishable and contain the words "Limited | l Liability Company." the desig | mation "LLC" or the ab | breviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES | SS) | | |
| | · · · · · · · · · · · · · · · · · · · | | 22 |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | 55 -5 |
| Mailing address MAY BE A POST OFFICE BOX) | | | <u></u> |
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| | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | ffice address on our reco | rds, <u>enter the name</u> | e of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida | street address | *************************************** |
| | | , Florida | |
| | City | , 1 TOLIGA | Zin 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> | Name | Address | Type of Action |
|--------------|--------------------|-------------|---|
| MGR | BENITEZ, JHON E | | □Add |
| | | | ■ Remove |
| | | | |
| MGR | RODRIGUEZ, DIEGO D | | DAdd |
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| D. If amending | any other information, c | nter change(s) here: (A | tach additional sheets, i | fnecessary.) | |
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| (If an effective date Note: If the date | e, if other than the date on the is listed, the date must be speciate inserted in this block doe fective date on the Department. | cific and cannot be prior to date is not meet the applicable st | of filing or more than 90 day | (optional) s after filing.) Pursuant to 605.0 is, this date will not be listed | 207 (3 Nb) as the |
| If the record specific record is filed. | es a delayed effective date, l | but not an effective time, at | 12:01 a.m. on the earlier | of: (b) The 90th day after t | he |
| Dated | JULY 3 | 2023 | 3 | | |
| *************************************** | Signatu | re of a member or authorized r | epresentative of a member | | |
| | | JHON E BENT | TEZ | | |
| | · · · · · · · · · · · · · · · · · · · | Typed or printed nam | e of signee | | |

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