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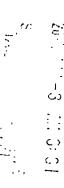
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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	Reeboxam	LLC			
	<u> </u>	Name of Limit	ed Liability Company		
The enc	losed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please re	eturn all correspo	ondence concerning this matter to	o the following:		
		Agustin Giavedoni			
			Name of Person		
		Multicorp Solutions LLC			
			Firm/Company		
		10773 NW 58th St, #106			
			Address		
		Doral, Florida 33178			
			City/State and Zip Code		
		ag@multicorpsolutions.com			
		E-mail address: (to	be used for future annual report	notification)	
For furth	er information o	concerning this matter, please cal	ll:		
Agustin	Giavedoni		305 747 3977	7	
	Name o	of Person		ytime Telephone Number	
Enclosed	l 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)	Certified (of Status &

Mailing Address: Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reeboxam LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	(y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/11/2023	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	PFSS)	
The spin office unit est the Graph DE TISTREET THE BR		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		· · · · · · · · ·
If amending the registered agent and/or registered gent and/or the new registered office address here:	l office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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	Alejandro Luis Pini	10773 NW 58TH STREET, #106, Doral, FL 33178	≅ Add
			□ Remove
			□Change
MGR	Agustin Giavedoni	10773 NW 58TH STREET, #106, Doral, FL 33178	🗆 Add
			■Remove
			□Change
			□Add
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fective	e date, if other than the date of filing:
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
xumen	t's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
nted M	ay 29 , 2024
	(! //