## L2400035622

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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Tallahassee, FL 32314

TO:

TO: Registration S Division of Co			
PRBP7, L	LC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing	
	ondence concerning this matter		
	Jessica Olivares		
		Name of Person	
	JO Accounting LLC		
		Firm/Company	
	15885 SW 11th ST		
		Address	<u>,</u>
	Pembroke Pines, FL 33027	7	
		City/State and Zip Code	<del></del>
	joacctinglle@gmail.com	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca		
Jessica Olivares		954 696-7542	
Name	of Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for	the 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 & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	rtion
Division of (	Corporations	Division of Corp	porations
P.O. Box 63	27	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRBP7 LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number $\frac{L24000035622}{L}$	iability Company	were filed on 01/18/2024	and assigned
his amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name o	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)			ـــــــــــــــــــــــــــــــــــــ
		-	<del></del>
			1
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		201 Alhambra Cir	
		Suite 504	. 29
		Coral Gables, FL 33134	
B. If amending the registered agent and/or agent and/or the new registered office addre	• /		enter the name of the new registo
Name of New Registered Agent:	70 Accounting		
New Registered Office Address:	15885 SW 11th	1 ST  Enter Florida street i	addrace
	Pembroke Pine		
	-	City	, Floriua 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

Docusign Envelope ID: 3BEDB42F-093C-4916-9275-CE0E42495EC5 in amending Authorized rerson(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>	Address	Type of Action
MGR	Rodrigo Pintos		
		443 NE 75 STREET MIAMI, FL 33138	■Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
		<del></del>	☐ Change
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<u>sote:</u> If	e date, if other than the date of filing:  (optional)  tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
Note: If locumer record	e date, if other than the date of filing:
Note: If locumer record d is filed	e date, if other than the date of filing:
Note: If locumer record d is filed	e date, if other than the date of filing:
Note: If locumer record d is filed	e date, if other than the date of filing:

Filing Fee: \$25.00