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COVER LETTER

.

TO:	Registration Se Division of Cor					
CUD IE		es International LLC				
SUBJEC	- I:	Name of Limit	ed Liability Company			
The encl	osed Articles of .	Amendment and fee(s) are subn	nitted for filing.			
Please re	eturn all correspo	ndence concerning this matter to	o the following:			
			TYRONE BERNICE	MOSBY		
			Name of Person			
		REI	MIX CORES INTERN	ATIONAL		
			Firm/Company			
			6209 N 22nd Street			
			Address			
		Tampa, FI 33610				
			City/State and Zip Code			
REMIX			OREINTERNATIONA	AL@GMAIL.COMi		
		E-mail address: (to	be used for future annual	report notification)		
For furth	er information co	oncerning this matter, please cal	l:			
BRUCE	N. BAKER JR.		813 at ()	927-7247		
	Name of	Person	Area Code	Daytime Telephone Number		
Enclosed	l is a check for th	e following amount:				
\$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enc	Certificate of Status &		
	Mailing Address		Street A	ddress: ation Section		
Registration Section Division of Corporations P.O. Box 6327			— — — — — — — — — — — — — — — — — — —	n of Corporations		
			The Centre of Tallahassee			
	Tallahassee, F	FL 32314	2415 N	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

FILED

	REMIX CORES INTERNATIONAL LLC	2025 JAN 30 PH 2: 10
(Name of the L	imited Liability Company as it now appears on (A Florida Limited Liability Company)	<u>our records.)</u>
The Articles of Organization for this Limite Florida document number L25000024699	ed Liability Company were filed onJAN	SECTION OF STATE NUARY 13, 2025 HASSEE, FIL and assigned
This amendment is submitted to amend the	following:	
A. If amending name, enter the new nam	ne of the limited liability company here:	
The new name must be distinguishable and contain t	the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if ap	plicable:	
(Principal office address MUST BE A STR	REET ADDRESS)	
Enter new mailing address, if applicable:		
B. If amending the registered agent and/oagent and/oagent and/or the new registered office ado	•	ds, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	real address
	Emer Funtau st	rece address
	City	, Florida
	Ciţy	zip Coae

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 mv 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 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>	Address	Type of Action
MGR	Bruce Nathaniel Baker Jr.	6209 N 22nd St, Tampa FL 33610	■ Add
			□Remove
			□Change
MGR	Janice M. Glover	1809 sagebrush rd. Plant City, FI 33566	□ Add
			□Remove
		JANICE M. PERKINS	Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective Note: If th	date, if other than the date of filing: January 12, 2025
ne record speord is filed.	ecifies a delayed effective date, but not an effective time at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 22 2025
	Signature of a member or authorized representative of a member
	Tyrone bernice mosby
-	Typed or printed name of signee

. . . .

Filing Fee: \$25.00