1/24/22, 9:57 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000030005 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : H & CO, LLP Account Number : I20150000089 : (305)444-8800

Fax Number

: (305)444-4010

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

MIAMI BUYS INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

Help JAN 25 2022

Fax: 13054448800

MIAMI BUYS INC.

Page: 3 of 5

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Compa (A Piorida Limited	my as it now appears on our r Liability Company)	ecords.)					
The Articles of Organization for this Limited Liability Company Florida document number P16000069216	were filed on 08/19/2016		and ass	igned			
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited ligh	illty company herei						
· · · · · · · · · · · · · · · · · · ·							
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the al	breviation "L	TC.			
Enter new principal offices address, if applicable:	1000 South Pointe Drive Apt. #802.						
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33139				_		
(a reactive office interest to but a reactive in the second		,			<u> </u>		
		:					
Enter new mailing address, if applicable:	• :						
					_		
(Mailing address MAY RE A POST OFFICE BOX)	: :			·····	- ,		
					_		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our re	cords, <u>enter</u>	the name		nev		
			-	22			
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			· <u></u>			
New Registered Office Address:		•	12: .	<u> </u>	 		
THE AMERICAN STATE TO A STATE OF THE STATE O	Enter Florida street	address		24			
		Florida		3	[]		
· · · · · · · · · · · · · · · · · · ·	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 heing 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

7,7	om our records:		•
MGR = Manager AMBR = Authorized Member			
tle	Name	Address	Type of Action
	Alessandra Zarzur Gubeissi	1000 South Pointe Dr. Apt #802	□ Add
		Miami Bench, FL 33139	Remove
·			€ Change
			Add
٠.		· ·	. D Remove
			Change
· 	· ·	· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove
	: :		Change
· .	· · · · · · · · · · · · · · · · · · ·		□ Add
	·		☐ Remove
			Change
			Add
•			☐ Remove
		<u> </u>	☐ Change
		·	□ Add
•			☐ Remove

01/24/2022 10:01 AM

Page: 5 of 5

Fax: (850) 617-6383

From: Carolina Florez

Fax: 13054448800

Page 3 of 3