## 113000057096

| (Re                                                                                                                                                                                           | questor's Name)    |             |
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|                                                                                                                                                                                               |                    |             |
| (Ad                                                                                                                                                                                           | dress)             |             |
| (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer: |                    |             |
|                                                                                                                                                                                               |                    |             |
| (Ad                                                                                                                                                                                           | dress)             |             |
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| PICK-UP                                                                                                                                                                                       | WAIT               | MAIL        |
| <u>—</u>                                                                                                                                                                                      | _                  | <del></del> |
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| Certified Copies                                                                                                                                                                              | _ Certificates     | s of Status |
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| Special Instructions to                                                                                                                                                                       | Filing Officer:    |             |
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## Best Choice Accounting Consultants, Inc.

Accounting and Administrative Services
21121 S.W. 85<sup>th</sup> Avenue,
Suite 203,
Cutler Bay, FL, 33189.
Telephone (305) 978-2912
Fax (305) 235-8518

November 4, 2016

Florida Department of State Registration Section Division of Corporations P.O. Box 6327, TALLAHASSEE, FL., 32314

REF.:

GM UNITED BUSINESS LLC
Document #L13000057096
Articles of Amendment to the Articles of Organization

Dear Sir or Madam:

Enclosed herewith please find two (2) sets of the Articles of Amendment of subject Company and our check #1398 in the amount of #25.00 to cover the fees.

We would appreciate that you kindly register the changes as stated therein at the earliest possible time.

Sincerely

BEST CHOICE ACCOUNTING CONSULTANTS, INC.

Manuel A. Rodriguez
Managing Director

## **COVER LETTER**

TO:

| TO:          | Registration Se<br>Division of Cor |                                              |                                                                     |                                                                                                                                            |  |  |  |  |  |  |  |  |
|--------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| SHRI         | ECT:                               | GM UNITED                                    | BUSINESS LLC                                                        |                                                                                                                                            |  |  |  |  |  |  |  |  |
| 3000         |                                    | Name of Lim                                  | ited Liability Company                                              |                                                                                                                                            |  |  |  |  |  |  |  |  |
| The e        | nclosed Articles of                | Amendment and fee(s) are sub-                | mitted for filing.                                                  |                                                                                                                                            |  |  |  |  |  |  |  |  |
| Please       | return all correspo                | indence concerning this matter               | to the following:                                                   |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    | М                                            | ANUEL A. RODRIGUEZ                                                  | e #203  89  le al report notification)  978-2912  Daytime Telephone Number  e & □ \$60.00 Filing Fee, Certificate of Status Certified Copy |  |  |  |  |  |  |  |  |
|              |                                    |                                              | Name of Person                                                      |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    |                                              | Firm/Company                                                        |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    | 21121                                        | SW 85th Avenue, Suite #203                                          |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    |                                              | Address                                                             |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    | Cl                                           | JTLER BAY, FL., 33189                                               |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    |                                              | City/State and Zip Code                                             |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              |                                    |                                              | nanrod2@bellsouth.net<br>to be used for future annual report notifi | (cation)                                                                                                                                   |  |  |  |  |  |  |  |  |
| For fu       | uther information o                | concerning this matter, please co            | -                                                                   |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              | MANUEL A. RO                       | DRIGUEZ                                      | 305 978-2912<br>at ()                                               |                                                                                                                                            |  |  |  |  |  |  |  |  |
|              | Name o                             | of Person                                    | Area Code Daytime                                                   | Telephone Number                                                                                                                           |  |  |  |  |  |  |  |  |
| Enclo        | sed is a check for t               | he following amount:                         |                                                                     |                                                                                                                                            |  |  |  |  |  |  |  |  |
| <b>■</b> \$: | 25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status &                                                                                                                    |  |  |  |  |  |  |  |  |
|              | MAIL                               | JNG ADDRESS:                                 | STREET/COURI                                                        | ER ADDRESS:                                                                                                                                |  |  |  |  |  |  |  |  |

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GM U                                                                                         | NITED BUSINESS LLC                                             |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of the Limited Liabi<br>(A Florie                                                      | lity Company as it now appear<br>da Limited Liability Company) | s on our records.)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The Articles of Organization for this Limited Liability  Florida document numberL13000057096 | Company were filed on                                          | 04/18/2013              | and assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| This amendment is submitted to amend the following:                                          |                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| A. If amending name, <u>enter the new name of the lir</u>                                    | nited liability company he                                     | <u>re</u> :             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The new name must be distinguishable and contain the words "Li                               | mited Liability Company," the de                               | esignation "LLC" or the | The man to the same of the sam |
| Enter new principal offices address, if applicable:                                          |                                                                |                         | AG & TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Principal office address MUST BE A STREET ADD                                                | DRESS)                                                         |                         | SSET T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Enter new mailing address, if applicable:                                                    |                                                                |                         | D<br>3 26<br>STATE<br>LORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Mailing address MAY BE A POST OFFICE BOX)                                                    |                                                                |                         | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3. If amending the registered agent and/or reg                                               |                                                                | our records, ent        | er the name of the ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Name of New Registered Agent:                                                                |                                                                |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| New Registered Office Address:                                                               | Futor Flo                                                      | ida street address      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              | Enter Flor                                                     | ing sireer address      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              |                                                                | , Florida               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                              | 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>                     | Address                          | Type of Action  |
|--------------|---------------------------------|----------------------------------|-----------------|
| MGR          | Winds Investments LLC- Delaware | 18851 NE 29th Avenue, Suite #743 | <b>=</b> Add    |
|              |                                 | AVENTURA, FL., 33180             | □ Remove        |
|              |                                 |                                  | Change          |
| MGR          | GUSTAVO H. PANELLA              | 18851 NE 29th Avenue, Suite #743 |                 |
|              |                                 | AVENTURA, FL., 33180             | <b>■</b> Remove |
|              |                                 |                                  | ☐ Change        |
| MGR          | MARIA J. NAJUK                  | 18851 NE 29th Avenue, Suite #743 |                 |
|              |                                 | AVENTURA, FL., 33180             | ■ Remove        |
|              |                                 |                                  | ☐ Change        |
|              |                                 |                                  | □ Add           |
|              |                                 |                                  | ☐ Remove        |
|              |                                 |                                  | ☐ Change        |
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|              |                                 |                                  | □ Remove        |
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| etive       | da          | e, if c     | ther ti  | an th       | e date o       | filing      | E:                                    | arios to d                             | te of filin                                       | a or more                                         | than OA da  | (option                               | <b>ial)</b><br>iling \ Pm | nument to 605.0                         |
| e: If       | the o       | late in     | serted i | n this b    | lock doe       | s not n     | neet the a<br>state's rec             | pplicable                              | statutory                                         | filing re                                         | quiremet    | nta, this c                           | iate will                 | not be listed                           |
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| cd          | <u> </u>    | ove         | EM!      | BER         | 4              |             | 016                                   | ······································ |                                                   | 1                                                 | 1           | I                                     |                           |                                         |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00