6/30/2017

Division of Corporations

Florida Department of State

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Account Name : TAXLEAF.COM INC Account Number : I20140000084 Phone : (305)541-3980 Fax Number : (305)541-7033

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GG&SONS GROUP, LLC

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Electronic Filing Menu Corporate Filing Menu

7

S. WARREN

JUL 03 2017

H17000173323 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| GG&SONS GROUP, LLC | | .* | |
|--|--|--|--|
| (Name of the Linu | ted Liability Commun (A Florida Lunited L | y as it now appears on ability Company) | our records.) |
| The Articles of Organization for this Limited I Florida document number L1400009081 | .iabiliry Company | 2010 | 5/2014 and assigned |
| This amendment is submitted to amend the fol- | lowing: | • | |
| A. If amending name, enter the new name of | of the limited liabil | ity company here: | |
| The new anne must be distinguishable and end with the | words "Limited Liabi | lity Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applie | cable: | | |
| (Principal office address MUST BE A STREE | <u>ET ADDRESS)</u> | وافر | |
| | | *** | To see the second se |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE | BOX | · | The second secon |
| | | | هده به سورتین د سورتین ۱۰ ۱۳۰۰ سادستونید درستین بو ۱۳۰۰ شیاده مسیورت و پواکادانا داست |
| B. If amending the registered agent and registered agent and/or the new registered o | | | records, enter the name of the new |
| Name of New Registered Agent: | ROMAR IN | TERNATIONAL L | LC |
| New Registered Office Address: | 14334 BISC | AYNE BLVD | |
| - The state of the | | Enter l'Iorida si | rect address |
| | NORTH MIA | | , Florida <u>33181</u> |
| | | Сңу | Zip Code |
| New Registered Agent's Signature, if changing | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | oer and complete p istered agent as p registered office o change, | performance of my o rovided for in Chap address, I hereby co | luties, and I am familiar with and ter 605, F.S. Or, if this document is infirm that the limited liability |
| | If Chang | ting Registered Agent, | Ignature of New Registered Ader |
| | Page 1 | of 3 | 그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 |

MGR = Manager

If amending the Managers or Authorized Memberon our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| AMBR= A | AuthorizedMember | | |
|--------------|------------------------------|----------------------------|------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | SOLUTIONS BY ACCOUNTANTS INC | 1549 NE 123RD ST | 🗆 Add |
| | | NORTH MIAMI, FL 3316 | Remove |
| MGR | ROMARINTERNATIONALLLC | 14334 BISCAYNE BLVD | Add |
| | | NORTH MIAMI BEACH, FL 3318 | 1 ☐ Remove |
| | | | |
| | • | | □ Remove |
| | | | Add |
| | | | |
| | | 1 | _□ Add |
| | | | 17 July 18 |
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rur.

| If amending any other information, enter | H17000173323 3 change(s) here: (Attach additio | mal sheets, if necessary.) | • |
|--|---|--------------------------------------|---|
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| Effective date, if other than the date of film (The effective date unist be specific, cannot be prior to to the date this document is filed by the Florida Departm | late of receipt or (fled date and cannot b | (optional) e more than 90 days after | |
| Dated JUNE 27TH | 2017 | | |
| 1 | | | |
| KARINA ROCHA | a member or authorized representative | of a meinher | |
| | Typed or printed name of signee | | |

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