Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GONZALO INVESTMENT, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

FAX No.

FILEP 002

2015 DEC -9 AM 8: 11

TO ARTICLES OF AMENDMENT TO FALL ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE FALLAHASSEE, FLORIDA

| GONZALO INVESTMENT, LLC | | |
|--|--|---------------------------|
| (Name of the Limited Li (A Fi | ability Company as it now appears on our records.) orde Limited Liability Company) | |
| The Articles of Organization for this Limited Liabilities of Organization for the Organization for this Limited for the Organization for the Organi | ry Company were filed on 02/03/2015 | and assigned |
| This amendment is submitted to amend the following | ₹: | · |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and contain the words | Limited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u>,</u> |
| (Principal office address MUST BE A STREET AL | DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u> </u> | |
| | | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office: | | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | . Florie | ão. |
| | City , Florid | 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

| Title | Name | Address | Type of Action |
|-------------|----------------|-----------------|----------------|
| AMBR | YAIMEL GONZALO | 9350 SW 45 ST | = Add |
| | | MIAMI, FL 33165 | ☐ Remove |
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| Effective date, if other than the dif if an effective date is listed, the date must Note: If the date inserted in this blood document's effective date on the Dep | be specific and cannot be k does not meet the ap | prior to date of filing pplicable statutory | or more than 90 days aft | tional) ter filing.) Pursuant to his date will not be l | 605.0207 (3 listed as th |
| ne record specifies a delayed The 90th day after the reco | effective date, but rd is filed. | t not an effecti | ve time, at 12:01 | a.m. on the ea | rlier of: |
| Dated | 2015 | · · | | | |
| | N. | | | | |
| | Service | | ative of a member | | |

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Typed or printed name of signee

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