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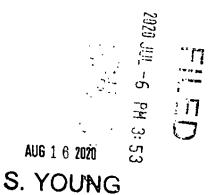
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TO: Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

SUBJECT:	GGB Famil	ly Holdings		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Diane Bustamante		
			Name of Person	
			FirmvCompany	
		9483 SW 76 Street, Apt. N	J2	
			Address	
		Miami, FL 33173		
			City/State and Zip Code	
		alvarezofelin@aol.com		
			to be used for future annual report no	tification)
For further in	formation co	oncerning this matter, please c	all:	
Ofelia Alvare	cz		305 973-3588	
	Name of	Person		me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address istration S		Street Address: Registration Se	ection
Division of Corporations			Division of Co	

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GGB Family Holdings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on July 29, 2016 Florida document number _L16000142286 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: (Principal office address MUST BE A STREET ADDRESS) 9483 SW 76 Street, #N2 Enter new mailing address, if applicable: Miami, FL 33173 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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 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	Omar Alvarez	7400 SW 34 Terrace	= Add
		Miami, FL 33155	□Remove
			☐ Change
			□ Add
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fective date, if other than the an effective date is listed, the date must other. If the date inspected in this bl	t be specific and cannot be pri	or to date of filing or mo	re than 90 days after fil	ar) ing.) Pursuant to 605,020
ote: If the date inserted in this blocument's effective date on the D	ock does not meet inc appi	icable statutory filing	requirements, this d	ate will not be listed a
	•			
record specifies a delayed effectiv	e date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
is filed.			(4)	·
Juna 27th	2020			
June 27th,	2020	·		
ated June 27th,	, 2020	·		
ared	(Carron)	horization	La mantra	
ared	Signature of a member or aut	horized representative o	f a member	

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Til. B magno