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\*\*Enter the coall address for this business entity to be used for future anough report sailings. Enter only one email address please. \*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GDG INTERNATIONAL LLC

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## **COVER LETTER**

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GDG INTERNATIONAL LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  JOAO PEDRO VOLZ  Name of Person  VDT CORPORATE SERVICES LLC  Firm/Company  150 SE 2ND AVE SUITE 905  Address  MIAMI - FL 33131  City/State and Zip Code  CCOUTO@SAINTJOSEPHGROUP.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
. 202	
JOAO PEDRO VOLZ at (305 ) 503-9867  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified C	of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	o

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GDG INTERNATIONAL LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) ( Company)
The Articles of Organization for this Limited Liability Company were f	filed on 04/27/2018 and assigned
Florida document number <u>L18000106710</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	ompany here:
LGF ECOMMERCE LLC	
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florido strect address \$\frac{V_0}{C} \rightarrow \frac{V_0}{C}
	Florida F
C	Tity — Zip Code
New Registered Agent's Signature, if changing Registered Agent:	26 Os
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addressmanny has been notified in writing of this change.	ormance of my duties, and I am familiar with and deed for in Chapter 605, F.S. Or, if this document is

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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
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