Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000065770 3)))



H190000657703ABC2

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : UNION HSA LLC Account Number : 120150000070 Phone : (954)770-6227 Fax Number : (954)369-4446

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G&F INTERNACIONAL BUSINESS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

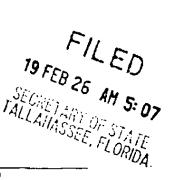
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K. SALY FEB 27 2019

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



G&F INTERNACIONAL BUSINESS 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 Co	ompany were filed on 02/08/2019	and assigned
Florida document number L19000039950	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
G&F INTERNATIONAL BUSINESS LLC		
The new name must be distinguishable and contain the words "Limit	ted Lisbility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	lda
-	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	

I hereby accept the appointment us 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	<u>Address</u>	Type of Action
MGR	Luiz Fernando De Figueredo		Add
			□ Remove
	Please see Explanation on the next page		☐ Change
	on the ment pro		□ A₫d
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			THE THE
			FILED AM S: 07
			Add
			□ Remove
			☐ Change
			□ Rémove
			□ Change
			□ Add
			☐ Remove
		<u> </u>	

Dear State Agent,	
The amendment is to make a correction	on at the following:
1) The company's name should be G&	F International Business LLCInternational with an T NOT C
The word INTERNATIONAL has bee	en spelled wrong. In the registration we had it spelled with an C.
2) Authorized Person: The MGR First	name SHOULD be spelled as: LUIZ FERNANDO
The last name SHOULD be spelled as	
At the Sunbiz you have it spelled as: DE FIGUEIREDO L, UIZ FERNAND	OOTHIS IS NOT CORRECT
Thank you for your attention to this ma	atter.
	Eng.
<u>·</u>	<u> </u>
ective date, if other than the date of a effective date is listed, the date must be specified. If the date inserted in this block does ument's effective date on the Department.	te and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: not meet the applicable statutory filing requirements, this date will not be list
record specifies a delayed effecti ne 90th day after the record is fil	ve date, but not an effective time, at 12:01 a.m. on the earli led.
February 26	2019
Signature	of a member or authorized representative of a member
Suchy Oliveira as POA Represen	.i

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Filing Fee: \$25.00