## 15612148442 Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*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

#### GPO SINTRA, LLC

Certificate of Status	0
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Page Count	04
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NOV 0 : 2018 T. Commercial

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GPO SINTRA, LLC			OCT 31 P 1: 42	
(Name of the Lim	(A Florida Limited I	ny sa it now speem on Liability Company) — :	our records.)	
The Articles of Organization for this Limited I Florida document number L19000250320	iability Company	were filed on 10716/	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the Umited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		21350 SW 152 Ave.		
(Principal office address MUST BE A STRE		Miami, FL 33187		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOXI	21350 SW 152 Ave Miami, FL 33187		
registered agent and/or the new registered (		<u>e</u> :	ir records, enter the name of the	
Name of New Registered Agent:	ffice address her	E: OYANCE	er records, enter the name of the	
registered agent and/or the new registered (	ZIZINETTE B	OYANCE Ave.	ir records, enter the name of the i	
	ZIZINETTE B	OYANCE Ave.		

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.

Ashley Goldsmith, Attorney-in-Fact
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

<u>IItle</u>	Name	Address	Type of Action
MGR	ZIZINETTE G BOYANCE	21350 SW 152 Ave.	
<del></del>		Mizmi, Fl. 33187	☐ Remove
			■ Change
<del></del>		<u></u>	
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
<del></del>			D Add
			CI Remove
			☐ Change
			☐ Remove
			☐ Change
<del></del>			Add
			□ Remove
			□ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
****	
Par adam	date if other than the date of fillings (ontional)
Note: If	date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the continuous of the date on the Department of State's records.
ne recor The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	ctober 31st 2019
	Signature of a member or authorized representative of a member

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