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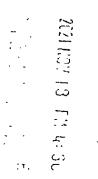
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A. BUTLER
DEC - 7 2021

COVER LETTER

TO: Registration S Division of Co					
GABY 55	LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	GABRIELA SETRAKIAN	1			
		Name of Person			
	ARGENTAX LLC				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	1241 CANARY ISLAND	DR			
	 	Address	<u> </u>		
	WESTON, FL 33327				
		City/State and Zip Code			
	gabysetrakian@gmail.com	to be used for future annual report no			
For further information	eoneerning this matter, please c	•	uncanoni		
GABRIELA SETRAKIAN		786 458-3493			
Name	of Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	ection		
Division of Corporations		Division of Corporations			
P.O. Box 63			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GABY 55 LLC

20211/07/18 811 4: 36

this amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: 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.				1 00
the Articles of Organization for this Limited Liability Company were filed on 10/15/2015	(Name of the Limited Liability Com	ipany as it now appears o	n our records.)	
this amendment is submitted to amend the following: 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 "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Enter Florida street address	(A Florida Limite	ed Liability Company)		·Π ,Ξ
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New Registered Office Address: Enter Florida street address				
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Enter Florida street address	Name of New Registered Agent:	······································		
Enter Florida street address	Now Registered Office Address:			
, Florida	New Registered Office Address.	Enter Florida	street address	
, Florida, Zip Code				
City Zip Code			, Florida	
		City		Zip Code
	New Registered Agent's Signature, if changing Registered Age	LL.L.		

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	EMILIANO BARBUSCI	10031 PINES BLVD STE 228	= Add
		PEMBROKE PINES, FL 33024	□Remove
			□Change
			□Remove
			© Change
			🗆 Add
			□Remove
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Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than '00 days after filing.) Pursuan to 105 0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as if document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated NOVEMBER 11 2021 Singulature of a member or authorized representative of a member				
Effective date, if other than the date of filing:				
Effective date, if other than the date of filing:				
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Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 00 days after filing.) Pursuant to 605 0207 (. Note: 11 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed. Dated NOVEMBER 11 2021				
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Effective date, if other than the date of filing: (optional) If an effective 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated NOVEMBER 11 2021				
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	NOVEMBER 11	2021		
Signature of a member or authorized representative of a member	[],,,,	·		
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		ignature of a member of authorize	a representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee