1.0	te: Please print this page and use it as a cover sheet. (shown below) on the top and bottom of all pages	Type the fax audit number s of the document.
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	To:	
	Division of Corporations Fax Number : (850)617-6383	
	From: Account Name : CARLTON FIELDS	
	Account Number : 076077000355 Phone : (813)223-7000 Fax Number : (813)229-4133	
	*Enter the email address for this business entity	to be used for forture
	annual report mailings. Enter only one email Email Address: CMAS@CARI+	<u>onfields</u>
		o
11 11 11 11 11	LLC AMND/RESTATE/CORRECT OR COSTADELSOL ENTERPRISE	M/MG RESIGN ES, LLC
- ⇔ ≦	Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COSTADELSOL	ENTERPRISES, LLC	
(Name of the Limited J. (ability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number01000009786	iny were filed on <u>June 18, 2001</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguistable and contain the words "Limited L	inhility Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	, <u></u>	
(Principal office address MUST BE A STREET ADDRESS	2	
	<u> </u>	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or registere	d office address on our records, er	ter the name of the new
registered agent and/or the new registered office address	here:	
	•.	
Name of New Registered Agen1:		
New Registered Office Address:	Enter Florido street address	> ~
	, Florid	
	City	Zip Code

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 Chaoging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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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
MGR	German E. Giammattei	1431 NW 107th Street	bbA 🗆
		Suite 16	Remove
		Miami, FL 33178	Change
MGR	Jaime M. Giammattei	11431 NW 107th Street	号 Aċd
		Suite 16	C Remove
		Miami, FL 33178	Change
			🖸 Add
		······	
			Change
			C Add
<u></u>			
		15	Change
			Add
			C Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If 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 record is filed.

July 17	, 2017	
	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
Oerman E. Giammati	tei as Secretary of JG and GG Holding, Inc Member	
	Typed or printed name of signce	

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Filing Fee: \$25.00