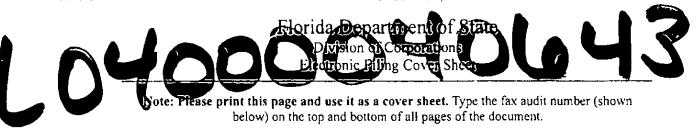
11/30/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941)625-1925 : (941)625-1526 Fax Number

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

Ensil Address: gbasketsetc@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIFT BASKETS ETC INTERNATIONAL, L.L.C.

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ETC INTERNATIONA		
(Name of the Limited Liability (A Florida	Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Co		05/04/0004	and assigned 7
Florida document numberL04000040643	_·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limit</u>			िक्क ज
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the	e designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	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 address here: Name of New Registered Agent:	office address on out	records, enter tr	e name of the new register
New Registered Office Address:	Enter I	lorida street address	
		, Flor	ida
	City		Zip Code
New Registered Agent's Signature, if changing Registered	1 Agent:		
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance zent as provided for i	of my duties, and n Chapter 605, F	I I am familiar with and .S. Or, if this document is
	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
AMBR	TANIA TRIANA	2449 DEVORE ST	□Add
		NORTH PORT, FL 34291	□ Remove
			Schange 77
MGR	RODOLFO TRIANA	2449 DEVORE ST	=- V 44 ↑
		NORTH PORT, FL 34291	□ Ramove
			Change
MGR	CARLOS TRIANA	3458 PLANTATION RIDGE NW	≣Add
		ACWORTH, GA 30101	□Remove
			①Change
			⊟Add
			□Remove
			\ \tag Add
			🗀 Remove
		,—————————————————————————————————————	
			□Add
			Remove
			□Change

. If amending	any other information, ente	er change(s) here:	(Attach additio	nal sheets, if neces	ssary.)	
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(If an effective - Note: If the	ate, if other than the date of date is listed, the date must be specified the inserted in this block does effective date on the Department	ic and cannot be prior t not meet the applica	n date of filing or m	(option or than 90 days after grequirements, this	filing.) Pursuant to	605,0207 (3 listed as the
the record spec cord is filed.	cifies a delayed effective date, bu	it not an effective tin	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day a	ister the
Dated	NOVEMBER 30	2020	_··			
		Jania V	Iriana			_
_	Signature	of a member or autho	rized representative	of a member		
			TRIANA			_
_		Lyped or printe	d name of signee			

Filing Fee: \$25.00