

11/30/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : 120150003107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

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

Email Address: gbasketsetc@gmail.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GIFT BASKETS ETC INTERNATIONAL, L.L.C.

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIFT BASKETS ETC INTERNATIONAL, L.L.C.

(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 Company were filed on 05/24/2004 and assigned
Florida document number L04000040643.

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter 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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	TANIA TRIANA	2449 DEVORE ST	<input type="checkbox"/> Add
		NORTH PORT, FL 34291	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODOLFO TRIANA	2449 DEVORE ST	<input checked="" type="checkbox"/> Add
		NORTH PORT, FL 34291	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS TRIANA	3458 PLANTATION RIDGE NW	<input checked="" type="checkbox"/> Add
		ACWORTH, GA 30101	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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 (3)(b)

[Dated NOVEMBER 30, 2020

Jania Triana

Signature of a member or authorized representative of a member

TANIA TRIANA

Typed or printed name of signee

Filing Fee: \$25.00