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11/25/19--01024--016 **30.00



DESCRIPTION OF THE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sub
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Luis Olives Name of Person
Grame Technology UC
9737 NW 41 Street Ste790
Doral FL 33178 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 345 - C415 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Cor	mpany 23 id now appears on our records.)
(A Florida Limit	ted Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L05001069</u> 5	any were filed on <u>November 3, 2005</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 distinguishable and contain the words "Limited L	iability Company," the designation "L.I.C" or the abbacyjation "L.IC."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	5F &
	40
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Cuy Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:

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
MGL	Dariel O. Gallimberti	9737 NW 41 Street	
		Suite 790	Remove
		Doral, FL 33A8	□Change
MGR	Edwardo A. Paz	9737 NW 41 Street	□Add
		Suite 790	Remove
		Doral, FL 33178	, □Change
<u>Mar</u>	Gerardo Rodiquez	9737 NW41 Street	□Add
		Suite 790	Z Remove
		Doral FL 33178	19 NO
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			D D D D D D D D D D D D D D D D D D D
		- GI) ³³
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	re date, if other than the date of filing: \(\frac{1}{20} \) \(\frac{20}{20} \) \(\frac{2}{20} \) (optional) etive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated _	November 20th. 2019.	
	Signature of a member or authorized representative of a member	
	Luis Engue Olivares Typed or printed name of signee	

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Filing Fee: \$25.00