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### **COVER LETTER**

Divi	sion of Corpo	orations	*	
SUBJECT:		ULTING MIAMI L.L.C	*	<b>-</b>
		Name of Limi	ted Liability Company	<del>- ,</del>
The enclosed	Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return	all correspond	dence concerning this matter t	o the following:	
		Gilles A Hurtaud		
		G & J CONSULTING MIA	Name of Person AMI L.L.C	<del></del>
		1666 SW 29th avenue	Firm/Company	
		Miami, FL 33145	Address	
		shipit@fretcot.com	City/State and Zip Code	
			o be used for future annual report notific	ration)
For further in	formation con	ncerning this matter, please ca	II:	
Gilles Hurtau			786 382-1714 at ()	
	Name of F	Person	Area Code Daytime	l'elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

G & J CONSULTING MIAMI L.L.C		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
FRETCOT LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:	shipit@fretcot.com	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
[Matting address MAT BE A POST OFFICE BOX]		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office add		The name of the na
Name of New Registered Agent:	<del></del>	mo a m
New Registered Office Address:	Enter Florida street address	55 22 Ed. 22
	Emer r tortaa street aaaress	OM W
	Florida _	Zip Code
	City	zip Coae

#### 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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
		<del></del>	Change
			□ Remove
			☐ Change
<del></del>			□ Add
			Remove
		<del></del>	☐ Change
		<del></del>	Add
			Remove
			Change

D. IF Amending any other information, actes change (s) here: (attach additional sheets, if necessary.)
Change Last name of MGR from HURTAUD to HURTAUD PAILLARD
(please find in attuchment, Driver's license, Clabificate of naturalization and petition for name change)
E. Effective date, if other than the date of filing:
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.
Dated 10 / 14 / 2019 . 10.23 p.m  Signature of a member or authorized representative of a member)
GILLES A HURTAUD PAILLARD  Typed or printed name of signee

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Filing Fee: \$25.00