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FILED
2011 JAN 17 PM 12: 32
SECRETARY OF STATE

K.SALY EXAMINER JAN 21 2014

COVER LETTER

	gistration Sect vision of Corpo			
SUBJECT	- Gu	NZZ, LLC Name of Limite	ed Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please retur	n all correspond	dence concerning this matter t	to the following:	
		Patrick H.	Buckheit Name of Person	
		GUNZZ, LLC	Firm/Company	
		139 NW 3rd S	Address	
		Boca Roton, F	FL 3343Q City/State and Zip Code	
		Pbuckheit @ E-mail address: (1	Ohotmail. com. o be used for future annual report notificat	ion)
For further	information co	ncerning this matter, please ca	all:	
Patrick Buckheit Name of Person			at (56) 756-712 Area Code Daytime Te	lephone Number
Enclosed is	a check for the	following amount:		
\$25.00	Filing 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
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

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

2014 JAN 17 PM 12:32

6118122116	ALLAHARYOR			
(Name of the Limited Liability Compar (A Florida Limited L	IV as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company				
Florida document number L0900062543 .	- -			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	139 NW 3rd Street			
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33432			
Enter new mailing address, if applicable:	139 NW 3rd Street			
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 32432			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u>			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City , Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	Zip Code			

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>'itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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E . Eff If an e	ective date ffective dat	if other the	an the date of ne date must b	filing: e specific and	cannot be mor	e than 90 days af	(optional) ter filing.) (605.0207 (3)(b)
Dated_	Jan	yory 1	٦	., <u>2014</u>	·		
				18	>		
			Signature o	of a member or	authorized repr	esentative of a me	mber
			Signature C		-		
					Buckhe'th	signee	

Page 3 of 3

Filing Fee: \$25.00