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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : KIM MARKS CPA Account Number : I20120000072

Phone Fax Number : (305)895-5815 : (305)895-6273

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

Email Address:

KIMMARKS @ KIMMARKS CPA Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINA-GABIE, LLC

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COVER LETTER

4 20000395553 3

TO: Registration Section
Division of Corporations

CLUD YELOW	LINA-GA	BIE LLC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	ail correspo	ndence concerning this matter t	o the following:	
		DAVITA SYFERT		
			Name of Person	
		KIM MARKS CPA		
			Firm/Company	,
		2136 NE 123RD ST		
			Address	
			City/State and Zip Code	
		KIMMARKS@KIMMARK	SCPA.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For further i	information o	concerning this matter, please of	ali:	
DAVITA S	YFERT		305 895-5815	
Name of Person		of Person	Area Code Daytime	Telephone Number
England is	a check for t	the following amount:		
	Filing Fcc	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Street Address:	! 1
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration Sec	ction ;
			Division of Cor	
			The Centre of T	allanassee e Street, Suite 810
			Tallahassee, FL	

H 200003955533 ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION OF

LINA-GABIE LLC					
(Name of the Limited	Liability Company Florida Limited Li	y as it now appears on our recor- ability Company)	<u>ds.</u>)		
he Articles of Organization for this Limited Liab				and assigned	
lorida document numberL10000041690	.				
ida document number					
. If amending name, enter the new name of t	he <u>limited liabil</u>	lity company here:			
he new name must be distinguishable and contain the wor	rds "Limited Liabilit	ty Company," the designation "LL	C" or the abl	oreviation	"L.L.C ₍ *),
			<u>;</u>	2020	1
la document numberL10000041690 amendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or new principal offices address, if applicable: cipal office address MUST BE A STREET ADDRESS)					
<u>Principal office address MUST BE A STREET</u>	'ADDRESS)	bility Company," the designation "LLC" or the abbreviation "LLC". 2136 NE 123RD ST NORTH MIAMI FL 33181 and address on our records, enter the name of the new registers. S CPA, P.A.			
					\$- 6-6
		2126 NET 122 DED CT	23		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			- 0 /		
		NORTH MIAMI FL 33181			_
 If amending the registered agent and/or regent and/or the new registered office address 	gistered office a here:	ddress on our records, <u>ente</u>	r the nam	e of the	<u>new regis</u>
Name of New Registered Agent:	KIM MARKS C	CPA, P.A.			
New Registered Office Address:	2136 NE 123RD ST				
Hen registered office register.	Enter Florida street address				
	NORTH MIAM	н, т	lorida 33	181	
		City		Zip C	ode

New Registered Agent's Signature, if changing Registered Agen

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:

#200003955533

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KIM MARKS	2136 NE 123RD ST	
		NORTH MIAMI FL 33181	Remove
			Change
MGR	BURRLADER, ALEX	2221 NE 164TH STREET	l □Add
		SUITE 1120	; ≣Remove
		NORTH MIAMI BEACH FL 33160	Change
			2020 □Remove
			Change Change Change
			Remove
			Change
			i_ □Add
			□Remove
			Change
			□Add
			□Remove

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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be :: If the date inserted in this block does not meet the a ument's effective date on the Department of State's rec	e prior to date i applicable sta	of filing or more itutory filing re	han 90 days aft	ional) er filing.) P nis date w	eursuant t	o 605 e list
ecord specifies a delayed effective date, but not an effect is filed.	tive time, at	12:01 a.m. on t	he earlier of: ((b) The	90th day	y after
ated NOVEMBER 16 , 2020					,	
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