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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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COVER LETTER

| TO | | istration Sect ision of Corpo | | | |
|------|------------|----------------------------------|--|---|---|
| OT 7 | DIEGE. | GB HOLDIN | GS LLC | | |
| SU | BJECT: | | Name of Limit | ted Liability Company | ····· |
| The | e enclosed | l Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Ple | ase return | all correspond | dence concerning this matter t | to the following: | |
| | | | | Name of Dayson | |
| | | | Name of Person INCORPORATING SERVICES, LTD. Firm/Company | | |
| | | | | Firm/Company | |
| | | | | Address | · · · · · · · · · · · · · · · · · · · |
| | | | TALLAHASSEE, FL 3230 | 1 . | |
| | | | | City/State and Zip Code | |
| | | | markhobson@hobsonfirm.co | om o be used for future annual report no | otification) |
| For | further i | nformation co | ncerning this matter, please ca | • | , |
| MI | ELISSA | | | at () | |
| | | Name of | Person | Area Code Dayt | ime Telephone Number |
| En | closed is | a check for the | following amount: | | |
| | \$25.00 I | 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 ARTICLES OF ORGANIZATION OF

| he Articles of Organization for this Limited Liability Company were filed on 8/23/20 lorida document number L10000088481 | and assigned |
|--|---|
| his amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| | |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation | tion "LLC" or the abbreviation "L.L.C." |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation of the contain the words "Limited Liability Company," the designation of the contain the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains the words "Limited Liability Company," the designation of the contains th | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| | |
| Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | 5 0 27 |
| Enter new principal offices address, if applicable: | 9 (A) |

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

4310 SW 75TH AVENUE

City

Miami

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida <u>33155</u>

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> | Name | Address | Type of Action |
|--------------|-----------------|---------------------|---|
| MGR | Dewis Lopez | 4310 SW 75th Avenue | |
| | | Miami, FL 33155 | ■ Remove |
| | | | Change |
| MGR | Esther Rieumont | 4310 SW 75th Avenue | Add |
| | | Miami, FL 33155 | Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
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| effective date is list te: If the date inso nument's effective record specifie | her than the date of ted, the date must be spected in this block do date on the Departm | ecific and cannot be prices not meet the application of State's record | licable statutory filinds. | nore than 90 days aft ag requirements, th | nis date will not | be listed |
| | fter the record is | | | | | |
| he 90th day a | | | | | | |
| October 18 | | M 2016 | A | | | |
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| | Signa | Anto | thorized representative | e of a member | | 16 OCT |

Page 3 of 3

Filing Fee: \$25.00