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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status Special Instructions to Filing Officer: Office Use Only | | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Fertified Copies Certificates of Status Special Instructions to Filing Officer: | (Requestor's Name) | |
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TALLAHASSEE, FL

COVER LETTER

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TO: Registration Section Division of Corporations

G&G Exports, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

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Please return all correspondence concerning this matter to the following:

| | AL Quintal | | | | | |
|--------------------------------------|---|--|--|--|--|--|
| | Name of Person | | | | | |
| | QUINTAL MULTIFAMI | LY INVESTMENTS, LLC | | | | |
| | | Firm/Company | | | | |
| | PO Box 310533 | | | | | |
| | | Address | | | | |
| | Miami, FL 33231 | | | | | |
| | · | City/State and Zip Code | | | | |
| | E-mail address: (| to be used for future annual report not | fication) | | | |
| For further information of | concerning this matter, please c | all: | | | | |
| | | | | | | |
| Name of Person | | at () Area Code Daytim | e Telephone Number | | | |
| Enclosed is a check for t | he following amount: | | | | | |
| ■ \$25.00 Filing Fee | ☐ \$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) | | | |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Se | ction | | | |

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

FILED

2022 MAY 17 AM 9: 30

| G & G EXPORTS, LLC | SECRETARY OF STATE | | |
|--|--|--|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | SECKETARY OF STATE <u>v Company as it now appears on our records.</u>) TALLAHASSEE, FL Limited Liability Company) | | |
| | ompany were filed on $\frac{2/14/2011}{2}$ and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | | |
| QUINTAL MULTIFAMILY INVESTMENTS, LLC | | | |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 333 SE 2nd Ave #2000 | | |
| (Principal office address MUST BE A STREET ADDR. | <u>ESS)</u> Miami, FL 33133 | | |
| | | | |
| Enter new mailing address, if applicable: | PO Box 310533 | | |
| (Mailing address MAY BE A POST OFFICE BON) | Miami, FL 33231 | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter the name of the new registered</u> | | |
| Name of New Registered Agent: Quinta | Quintal, Juan 333 SE 2nd Ave #2000 | | |
| Name Received Offices Addresson 333 SE | | | |

New Registered Agent's Signature, if changing 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.

City

Miani

If Changing Begistered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida <u>33131</u> Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being adde</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | Name | Address | Type of Action |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

add: EIN 87-1574866

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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 May 13th | 2022 |
|----------------|--|
| Dated | /· |
| l KI | |
| Min - | |
| De l'e | Signature of a member or authorized representative of a member |
| | |

Juan Quintal, MgrM

Typed or printed name of signee.

Filing Fee: \$25.00