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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUZMAN & GUZMAN, P.A.

Account Number : I20080000090 : (305)670-1991 Phone Fax Number : (305)670-1993

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

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LJA US LLC

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Corporate Filing Menu

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To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LJA US LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) (ability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/08/2011	and assigned
Florida document number L11000079024		1010 '
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	255 ARAGON AVENUE, 2ND FLOO	
Principal office address MUST BE A STREET ADDRESS)	CORAL GABLES FL, 33134	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	255 ARAGON AVENUE, 2ND FLOO CORAL GABLES FL, 33134)R
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ime of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	City	Zip Code

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.

From: Paola Sanchez

Fax: 18136585039

To:

Fax: (850) 617-6383

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08/13/2020 5:33 PM

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	G &G MANAGEMENT US LLC	9130 S. DADELAND BLVD STE 1509	□Add
		MIAMI FL, 33156	Remove
			□ Change
MGR	ANDRES WERTHEIN	255 ARAGON AVENUE, 2ND FLOOR	🗏 Add
		CORAL GABLES FL. 33134	Remove
			🗖 \\dd
			Remove
			□Change
			□Add
			□ Rепюче
			□Change
			□Add
			□Remove
			Change
			□ Remove
			□Change

To:

	*
to the state of filings	(optional)
ffective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.02 ole statutory filing requirements, this date will not be listed.
record specifies a delayed effective date, but not an effective timed is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	_·
Sth. hus	
Signature of a membor of author	red representative of a member

Typed or printed name of signee