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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : VIDAL FINANCIAL, INC.
Account Number : I20190000097
Phone : (305)631-0331
Fax Number : (305)854-3131

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
GOLDFIN LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

61 NOV 26 12:00 PM '19

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDFIN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 9, 2012 and assigned Florida document number L12000089111.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CONTADURIA VIDAL

New Registered Office Address:

2000 S DIXIE HIGHWAY, STE 205

Enter Florida street address

MIAMI

City

Florida 33133

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.

(Signature)
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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------|----------------------|--|
| MGR | CASTILLO, LUIS MIGUEL | 2100 CORAL WAY #502 | <input type="checkbox"/> Add |
| | | MIAMI, FLORIDA 33145 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | MATA, CARLOS ENRIQUE | 2100 CORAL WAY #502 | <input type="checkbox"/> Add |
| | | MIAMI, FLORIDA 33145 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | ORTIZ, RICARDO | 2100 CORAL WAY #502 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FLORIDA 33145 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING THE NAMES BELOW TO NEW TITLE

1) LUIS MIGUEL CASTILLO, MGR

2) CARLOS ENRIQUE MATA, MGR

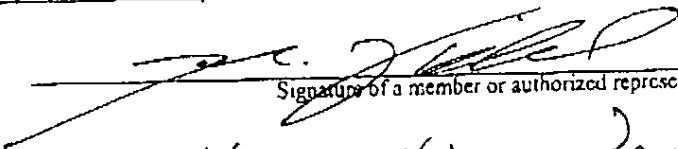
ADDING THE NAME BELOW

1) RICARDO ORTIZ, MGR

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 NOVEMBER 20, 2019


Signature of a member or authorized representative of a member

NICOLAS VIDAL 20A
Typed or printed name of signer