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COVER LETTER

	Registration Se Division of Cor				
elib iec		S INVESTMENTS L.L.C.			
SUBJEC	1;	Name of Lim	ited Liability Company		
The encle	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
		GABRIELA LUIS			
Name of Person					
	GUSANA'S INVESTMENTS L.L.C.				
			Firm/Company		
		6630 NEWPORT LAKE O	CIRCLE		
		· · · · · ·	Address		
	BOCA RATON, FL 33496				
•			City/State and Zip Code	 	
	GABYLUIS@HOTMAIL.COM				
		E-mail address: (to be used for future annual report notifi	cation)	
For furthe	er information co	oncerning this matter, please co	all:		
GABRIE	ELA LUIS		561 542-9897 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	0 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 TO ARTICLES OF ORGANIZATION OF

GUSANA'S INVESTMENTS L.IC.		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L-12000117499	were filed on 09/13/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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 o		er the name of the ne
egistered agent and/or the new registered office address her	<u>e</u> :	101
		SEC SEC
Name of New Registered Agent:		JAN C
New Registered Office Address:		-8
	Enter Florida street address	PH RPC
	Florida	STA DRA

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.

Cirv

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>	Type of Action
MGR	ROBERTO FINOCCHI	6630 Newport Lake Circle, Boca Raおっ 子し	= Add
		33496	Remove
			Change
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Flective date, if other than the date of filing: In effective date, is listed, the date must be specific and camon be prior to date of filing or more than 90 days after filing.) Pursuant to 605.022 date (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records. Percord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Annuary 2nd	f amending any	other information, en	iter change(s) here:	(Attach additional s	heets, if necessary.)	
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