## 1/2000/18345

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## COVER LETTER

TO: Registration Sec Division of Corp		:		•
GIONORDI Subject:	C LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	GIOCO TZU SANTOLAI	LA LEON		
		Name of Person		
	GIONORDIC LLC			
		Firm/Company		
	6500 CYPRESS RD #210			
		Address		
	PLANTATION, FL 33317			
		City/State and Zip Cod	le	<del></del>
	GIOCOSANTOLALLA@C			
		to be used for future annu	al report notification)	
For further information co	oncerning this matter, please ca	all:		
GIOCO SANTOLALLA		954 6	5733052	
Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e	1	1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG ADDRESS:		ET/COURIER AD	DRESS:
	ition Section of Corporations		ation Section of Corporations	
P.O. Bo	x 6327	Clifton	Building	
rananas	ssee, FL 32314	2661 E Tallaha	xecutive Center Cir	cle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIONORDIC LLC			
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L12000118345	were filed on 9/	17/2012	and assigned
This amendment is submitted to amend the following:	Address:  Emer Florida agent and/or registered agent and agree to act in this eapacity. I further agree to comply with the rive to the proper and complete performance of pny dates, and I am familiar with and osition as registered agent and agree to act in this capacity. I further agree to comply with the rive to the proper and complete performance of pny dates, and I am familiar with and osition as registered agent as provided for in Chapter 605. F.S. Or. if this document is change in the registered agent and provided for in Chapter 605. F.S. Or. if this document is change in the registered agent and fine address. I hereby confirm that the limited liability		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company h	<u>ere</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company, the c	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	310 HOLLOW.	AY DR	18 181
Principal office address MUST BE A STREET ADDRESS)	PLANTATION	, FL	CRE LA JA
	33317		TAS HAS
			2 A LEI
Enter new mailing address, if applicable:		<del></del>	
Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · ·	A
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	ffice address or e:	our records, <u>enter</u>	the name of the new
New Registered Office Address:			
	Enter Flo	rida street address	
		Florida	
New Registered Agent's Signature, if changing Registered Agent:			Zip Code
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	ee to act in this performance of provided for in (	my duties, and I am f Shapter 605, F.S. Or,	umiliar with and if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the fitte, 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 AMBR** NORDIN CHENA 310 HOLLOWAY DR **■** Add PLANTATION, FL 33317 ☐ Remove \_□ Change ☐ Remove \_□ Change □ Add □ Remove ☐ Change ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add ☐ Remove

☐ Change

If amending any other informati	ion, enter change(s) here	: (Attach additional	sheets, if necessar	v.)	
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Effective date, if other than the defan effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Department.	be specific and cannot be prior to ck does not meet the applica	o date of filing or more th ble statutory filing req	(optional) an 90 days after filing. uirements, this date	) Pursuant to 605.020 will not be listed a	07 (3 as th
e record specifies a delayed The 90th day after the reco	effective date, but not rd is filed.	an effective time	, at 12:01 a.m.	on the earlier o	of:
JANUARY 12 Dated _	2017	,			
		plate			
S	Signature of a member or author	rized representative of a r	nember	<del></del>	
GIOCO TZU SANTOLA	LLA LEON				
	Typed or printed	I name of signee			
	Page	3 of 3			

Filing Fee: \$25.00