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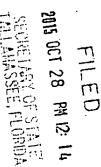
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COVER LETTER ,

	of Corporations
G&T SUBJECT:	Properties USA,LLC.
SUBJECT.	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Chris Galha
	Name of Person
	G&T Properties USA,LLC
	Firm/Company
	2160 Alamanda Drive
	Address
	N.Miami, FL 33181
	City/State and Zip Code
	chrisgalha@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Chris Galha	786 4861424 at()
Ŋ	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
□ \$25.00 Filing I	Fee Solution Status Status Solution Status Sol

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

FILED

2015 OCT 28 PM 12: 14

SECRETARY OF STATE TALLAHASSÉE, FLORIDA

G&T PROPERTIES USA,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 Liab	oility Company	were filed on $\frac{03/22/2013}{}$	and assigned		
Florida document number L13000043362	_	•			
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liab	oility company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicat	ole:	12545 Palm Road			
(Principal office address MUST BE A STREET ADDRESS)		North Miami, FL 33181			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered agent and/or the new registered office	· registered o		ecords, enter the name of the nev		
Name of New Registered Agent:	Chris Galha				
New Registered Office Address:	12545 Palm Ro	oad Enter Florida street	address		
	N.Miami	Zivo, A to mas up to	, Florida 33181		
	**************************************	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.

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	JOHNNYTIBY,LLC	12545 Palm Rd,Miami, FL 33181	Add
			□ Remove
			☐ Change
MGR	Sampa Cafe, Inc.	12545 Palm Rd,FL33181	Add
			□ Remove
			☐ Change
MGR	JHONNYTIBY,LLC	***************************************	Add
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			□ Remove
		**************************************	Change
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