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2^{do} Request

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 437-6303

From: Account Name : JELAN ACCOUNTING SERVICES, INC
Account Number : 130120000552
Phone : (305) 840-9160
Fax Number : (305) 840-9160

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

Email Address: jelanaccounting@comcast.net

LLC AMND/RESTATE/CORRECT OR N/MQ RESIGN
DUBAI ENTERPRISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$23.00

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<https://efile.sunbiz.org/scripts/efilecovr.exe>

5/6/2015

FILED
2015 MAY -6 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 21 2015
J. BRUCE

2^{do} Request

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DUBAI ENTERPRISE, 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 04/01/2013 and assigned
Florida document number L13000047829

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" in 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:	JELLEN ACCOUNTING SERVICES, LLC
New Registered Office Address:	8181 NW 36 STREET SUITE 13AB
	Enter Florida street address
	DORAL, Florida 33166
	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.

+ Jane Ramirez
If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
AMBR	MARCELO CALLEGARI	2769 NW 82 AVENUE	☒ Add
		DORAL, FL. 33122	☐ Remove
			☐ Change
MGR	GRAN TURISMO HOLDINGS LI	2769 NW 82 AVENUE	☐ Add
		DORAL, FL. 33122	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

PLEASE ADD: FBI NUMBER: 46-2420606

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E. Effective date, if other than the date of filing: 05/01/2015 (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 MAY 1

Signature of a member or authorized representative of a member

MARCELO CALLEGARI

Typed or printed name of signee