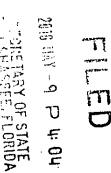
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Store Grun			
SUBJECT:	Name of Limi	ited Liability Company	
	,		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lawrence Robert Gould		
		Name of Person	
	Store Grunt, LLC		
		Firm/Company	
·	1905 N Ocean Blvd 6C		
	-	Address	
	Fort Lauderdale Fl 33305		
	FTLRobby@gmail.com	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Robert Gould		646 342-7738	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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 ARTICLES OF ORGANIZATION **OF**

Store Grunt, 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 $\frac{4-3-2013}{2}$ and assigned Florida document number L-13000049144 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GATHA, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 1905 N. Ocean Blvd 6C Enter new principal offices address, if applicable: Fort Lauderdale, FL 33305 (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: New Registered Office Address: Enter Florida street address Florida

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mr.	Mark Sawicki	1905 N Ocean Blvd 6c	
		Fort Laudeerdale, FL 33305	■ Remove
			☐ Change
Magr.	Phillip Magri	2642 NE 9th Ave.	_
		Fort Landerdale, Fl 33334	☐ Remove
			☐ Change
			Add
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	f other than the date must inserted in this block	ck does not me	eet the applical	o date of filing or ble statutory fil	more than 90 day ng requirement	(optional) s after filing.) s, this date w	Pursuant to 605 vill not be list
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e: If the date ument's effect record specific 90th day	ive date on the Dep difies a delayed after the reco	effective da	ate, but not	an effective	time, at 12:	:01 a.m. o	n the earli
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e: If the date ument's effect record spec	ifies a delayed	effective da		an effective	time, at 12:	01 a.m. o	n the earli
e: If the date ument's effect record specific 90th day	ifies a delayed y after the reco	effective da rd is filed.	2016	Ober	$4 \cap$:01 a.m. o	Q/ ~
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Filing Fee: \$25.00