

L14 0000 08484

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : COHEN & GRIGSBY, P.C.
Account Number : I20030000042
Phone : (239) 390-1912
Fax Number : (239) 390-1901

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

Email Address: mmarsh@cohenlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAVO, LLC

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GAVO, 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 January 15, 2014 and assigned
Florida document number L1400008484.

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 end with the words "Limited Liability 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 office address on our records, enter the name of registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Ac</u> |
|--------------|--------------|---|---|
| MGR | Gerda Garcia | Mercato - Suite 6200 | <input type="checkbox"/> Ad |
| | | 9110 Strada Place | <input checked="" type="checkbox"/> Rem |
| | | Naples, FL 34108 | |
| MGR | Franck Dossa | The Plaza Brickell | <input checked="" type="checkbox"/> Ad |
| | | 950 Brickell Bay Drive - Penthouse 5505 | <input type="checkbox"/> Rem |
| | | Miami, FL 33131 | |
| | | | <input type="checkbox"/> Ad |
| | | | <input type="checkbox"/> Rem |
| | | | <input checked="" type="checkbox"/> Ad |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated March 21, 2014

Signature of a member or authorized representative of a member

Gerda Garcia, Manager and Auth Representative

Typed or printed name of signer

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MARCH 24 2014
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