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| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ac                     | ldress)            |                 |
| (Ac                     | dress)             |                 |
| (Ci                     | ty/State/Zip/Phone | <del>;</del> #) |
| PICK-UP                 | WAIT               | MAIL            |
| (Bı                     | usiness Entity Nan | ne)             |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Subject: Name of Lighted Liability Company   |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| OSCAN PLATONS Name of Person  |
| Lordon Savoy Mourgenest Services, Lic   |
| 310 Whitfoold Ave   |
| City/State and Zip Code   |
| E-mail address: (to be used for future angual report notification)  |
| For further information concerning this matter, please call:  |
| Name of Person  at (94)   |
| Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}\$  \$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$  \$\Bigcup \text{\$60.00 Filing Fee, 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 TO ARTICLES OF ORGANIZATION **OF**

| GIAMA.   | LLC  |  |
|--|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited I   | ny as it now appears on our records.) Liability Company) |  |
| The Articles of Organization for this Limited Liability Company Florida document number                                | were filed on $0.2/\infty/20$                            | and assigned   |
| This amendment is submitted to amend the following:  | •  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:                                      |  |
| The new name must be distinguishable and end with the words "Limited Liab  | ility Company," the designation "LLC" or the             | e abbreviation "L.L.C."                                    |
| (Principal office address MUST BE A STREET ADDRESS)  | . 6  |  |
| Enter new mailing address, if applicable:<br>( <u>Mailing address MAY BE A POST OFFICE BOX)</u>                        |  | 14 MAR 31 PH 1: 1<br>SECRETARY DE STA<br>TALLAHASSEE, FLOR |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |  |  |
| 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| AMBR = Aut   | thorized Member  |                   |                |
|--------------|------------------|-------------------|----------------|
| <u>Title</u> | <u>Name</u>      | <u>Address</u>    | Type of Action |
| 16RM         | CANHIBVALI, MICC | Sussata, FL 34243 | Add            |
|              | ,                | 310 Whiteeld Are  | □ Remove       |
|              |                  | Suproto, FL 34243 |                |
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| f am   | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
|--------|---|
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| -      |   |
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|        |   |
|        | tive date, if other than the date of filing: 126 126 (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after |
| the da | ate this document is filed by the Florida Department of State)  |
| Dated  | March 26th, 2014. 1   |
|        | AHA   |
|        | Signature of a member or authorized representative of a member  |
|        | - I HAND CANVALALI  |
|        | Typed of printed name of signee   |

Page 3 of 3

Filing Fee: \$25.00

14 MAR 31 PM 1: 16
SECKETARY OF STATE
TALLIAHASSEE, FLORID