

L14000069966

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

From: Account Name : FOWLER RODRIGUEZ LLP
Account Number : I20090000080
Phone : (786) 364-8480
Fax Number : (305) 445-3666

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

Email Address: igomez@fr-firm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAIA EAST USA, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAIA EAST USA, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRMA GOMEZ, PARALEGAL

Name of Person

FOWLER RODRIGUEZ LLP

Firm/Company

355 ALHAMBRA CIRCLE, SUITE 801

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

IGOMEZ@FRFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IRMA GOMEZ

786 364-8480

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

* Filing by e-fax

\$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☒ \$55.00 Filing Fee &
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☐ \$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

L14000069966

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2014 DEC 12 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GAIA EAST 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 Liability Company were filed on APRIL 30, 2014 and assigned
Florida document number L14000069966

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WALTER R. SCHRODER	C/O 355 ALHAMBRA CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 801	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
MGR	PETER HOFFMAN	C/O 355 ALHAMBRA CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 801	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
MGR	MANUEL BARO	C/O 355 ALHAMBRA CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 801	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
MGR	ALEJANDRO A. RIVERA	C/O 355 ALHAMBRA CIRCLE	<input checked="" type="checkbox"/> Add
		SUITE 801	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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: December 11, 2014 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 11, 2014



Signature of a member or authorized representative of a member
Irma Gomez

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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