Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		
-	Division of Corporations	
	Fax Number : (850)617-6383	970
o From:		
5 15 15 15 15 15 15 15 15 15 15 15 15 15	Account Name : CORP USA	ရွားကို တ
' 33 <u>-</u> 20	Account Number : 072450003255	and and
	Phone : (305)634-3694	<b>5</b> m <b>2</b>
7 4 7 0 1 1 2 4 4	Fax Number : (305)633-9696	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GF INTERNATIONAL GROUP LLC

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## 415220113339 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

GF INTERNATIONAL GROUP LLC					
(Name of the Limited Liability Cor (A Floreds Limit	nually as it now almost ed Liability Company)	rs on our records,	)		
The Articles of Organization for this Limited Liability Compa	iny were filed on 10	V13/2014		and assigned	
Florida document number L14000159065					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the timited li	ability company h	ere:			
The new name must be distinguishable and comain the words "Limited Li	ability Company," the	designation "LLC"	or the abbrev	vistion "L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		·		205	
			221.512		Y.,
			المستحداثي المثل 1978 المثل 1978	-<	
Enter new mailing address, if applicable:			- 22-2		7 6
Mailing address MAY BE A POST OFFICE BOX)			္းက က်က	_ <del></del>	
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S. Vo XI	. 200		不更	2	
B. If annouding the registered agent and/or registered registered agent and/or the new registered office address h		onr recorns,	enter me	name of the	31.0
Name of New Registered Agent:		<del>_</del>			
New Registered Office Address:					_
	Enter Flor	rida street address			_
		, Flori			
	City		2	liys Code	
New Registered Agent's Signature, if changing Registered Agen	<u>ır:</u>				

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 charge 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 Acous

Page 1 of 3

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 = AMBR :	Manager = Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	MARIA C GONCALVES	1016 E OSCEOLA PARKWAY	
		KISSIMMEE, FL 34744	■ Remove
			☐ Change
MOR	MARIO O GAMBA	1016 E OSCEOLA PARKWAY	□ Add
		KISSIMMEE FL 34744	■ Romove
			□ Change
MGRM	Corredues Corredues & Asociados	1016 E OSCEOLA PARKWAY	<b>B</b> Add
		KISSIMMBE FL 34744	Remove
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ated MAY 8TH	Signature of a member or suth			

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