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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone : (954)659-8835 Fax Number : (954)301-0417

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

Email Address: vivarey1960@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNION GROUP USA, LLC.

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

→ 18506176381

UNION GROUP USA, ELC				
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>ds.</u> )		
The Articles of Organization for this Limited Liability C Florida document number L16000025110	Company were filed on 02/04/2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
		Q ::1		
	00 1			
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		Ģ 🐱		
		$\frac{1}{\omega}$		
B. If amending the registered agent and/or registere		r 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			
***************************************		lorida		
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	REINALDO VIVAS	3650 NW 82ND AVENUE	≅Add
		SUITE 505	[]Remove
		DORAL, FL 33166	☐ Change
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Fective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this block-bournent's effective date on the Dep	ck does not meet the appli	cable statutory filir	option (option one than 90 days after the grequirements, this	nal) filing.) Pursuant to 605.020 date will not be listed a
record specifies a delayed effective is filed.			on the earlier of: (b)	The 90th day after th
nted November 12th	, 2020	·		
	San	Pineda		
	ignature of a member or aud	u uuu		

Filing Fee: \$25.00