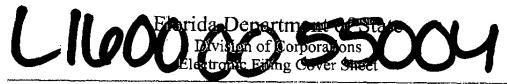
6/31/2017

Division of Corporations



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

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J. HARRIE

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TO:

Registration Section

COVER LETTER

Division	of Corpor	rations		
Gon SUBJECT:	nlon LLC			
SUBJECT:	<u></u>	Name of Limi	ted Liability Company	
	•		e de la tradación de la companya de	
The enclosed Arti	icles of Am	endment and fec(s) are subr	nined for filing.	
Please return all c	orresponde	ence concerning this matter t	to the following:	
		Irma Serna		
			Name of Person	<u> </u>
		Aslan Tax Services Inc		
			Firm/Company	
		762 SW 18 AVE		
			Address	
		Miami, FL 33135		
			City/State and Zip Code	
	_	irma@aslantaservice.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further inform	nation cond	erning this matter, please ca	all:	
Irma Serna			305 644-9144 at ()	
	Name of Po	rson	Area Code Daytime	Telephone Number
Enclosed is a che	ck for the f	following amount:	, .	
■ \$25.00 Filing	ş Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gondon LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our rec lability Company)	ords.)
The Articles of Organization for this Limited L. Plorida document number L16000055004	iability Company	were filed on March 17, 201	6 and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
he new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "I	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	15601 SW 14 ST	2017 SEE
Principal office address MUST BE A STREI	T ADDRESS)	Pembroke Pines, FL 33027	>
			<u> </u>
inter new mailing address, if applicable:		15601 SW 14 ST	my a m
Mailing address MAY BF. A POST OFFICE	BOX)	Pembroke Pines, FL 33027	77.7
			0 m 6
I. If amending the registered agent and egistered agent and/or the new registered on Name of New Registered Agent:		e:	ords, enter the name of the
Nav. Projetovad Office Address	15601 SW 14 S	ST	
New Registered Office Address:	····_·	Enter Florida street ad	dress
	Pembroke Pine	8	Florida 33027
		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.

HE Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	Name	Address	Type of Action
MGRM	Vanessa Londono	3820 SW 1 ST	
		Coral Gables, FL 33134	■ Remove
			Change
MGRM	Liliana Gomez	3820 SW 1 ST	
		Coral Gables, FL 33134	■ Remove
			Change
MGRM	Liliana Gomez	15601 SW 14 ST	= Add
		Pembroke Pines, FL 33027	☐ Remove
			Change
	<u> </u>		Add
			_ □ Remove
			Change
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