



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.

((H17000318165 3)))



H170003181653ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : TAXLEAF.COM INC
Account Number : 120140000084
Phone : (305) 541-3980
Fax Number : (888) 772-8108

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
GCCJOYITA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2017 DEC -5 PM 12:03

FILED IN STATE

FILED IN FLORIDA

17 DEC -5 AM 8:57

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H17000318165 3**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**GCCJOYITA 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 04/14/2016
Florida document number L16000074169

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:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(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:

EAF 89 CORPORATION

New Registered Office Address:

2711 SW 37TH AVE

Enter Florida street address

MIAMI

City

Florida 33133

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

Page 1 of 3

H17000318165 3

H17000318165 3

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>
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove
_____	_____	_____	☐ Add
_____	_____	_____	☐ Remove

H17000318165 3D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*E. Effective date, if other than the date of filing: _____ (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 NOVEMBER, 29TH 2017

Signature of a member or authorized representative of the member

FABIOLA PEREZ

Typed or printed name of signer

FILED
17 DEC -5 AM 8:57
TALLAHASSEE, FLORIDA**H17000318165 3**