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| | Fax Number | (850)617-6383 | | |
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| | Account Name | · · · · · · · · · · · · · · · · · · · | | \sim |
| • | Account Number | : I20060000012 | *** | |
| | Phone | : (305)826-5886 | | |
| | Fax Number | : (305)722-0535 | | |
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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | GELATO MAJ | , | | _ | |
|--|-----------------------------|--|-------------|--------------------|-------------|
| (Name of the Line | (A Florida Limited | any as it now appears on our records.) Liability Company) | | | |
| The Articles of Organization for this Limited I Florida document number <u>L16000113097</u> | iability Company | were filed on 06/10/2016 | an | d assig | ned |
| This amendment is submitted to amend the fol | lowing: | | | | |
| A. If amending name, enter the new name | of the limited liab | pility company here; | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the designation "LLC" or the | abbreviatio | a "L.L.C | |
| Enter new principal offices address, if appli | 169 SW 7th STREET UNIT CU-A | . ` ► | 100 | 60 engan, s | |
| (Principal office uddress MUST BE A STRE | MIAMI, FL 33130 | 3- 0° | - EF | * } | |
| | | | | <u>100</u> | grass . |
| Enter new mailing address, if applicable: | | 169 SW 7th STREET UNIT CU-A | | 温 | : T: |
| (Mailing address MAY BE A POST OFFICE | MIAMI, FL 33130 | 0 % | .: ເມ | | |
| | | | > | | |
| B. If amending the registered agent and registered agent and/or the new registered of | ffice address her | e: | er the na | me of | the nev |
| Name of New Registered Agent: | BIONDO, HU | A OL | | | |
| New Registered Office Address: | 169 SW 7th ST | REET UNIT CU-A | | | |
| | | i nter Florida street address | | | |
| | MIAMI | , Florida _ | | 'n da | |
| Mont Descriptional Assembly Clamptons of the colony | . | Cuy | Zip C | oae | |

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 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 |
|---------------|-------------------|------------------------|----------------|
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| | Signature of a member of authorized representative of a member | |

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