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SEP 1.9 2016 J. HARRIS

COVER LETTER

	Registration Sec Divisien of Corp				
SUBJEC	GBJ GROU	PS, LLC			
Name of Limited Liability Company					
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspor	ndence concerning this matter	to the following:		
		FERNANDO SILVA			
			Name of Person		
		CAMPANA GROUPS, IN	С		
		Mary Mary Mary Mary Mary Mary Mary Mary	Firm/Company		
		1761 W HILLSBORO BLV	VD #324		
			Address		
		DEERFIELD BEACH, FL	33442		
			City/State and Zip Code		
		FERNANDO@CAMPANA			
		E-mail address: (t	o be used for future annual report notific	ation)	
For further	er information co	oncerning this matter, please ca	ill:		
FERNA	NDO SILVA		954 228-0706		
	Name of	Person	at ()Area Code Daytime T	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	00 Filing Fee	□ \$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
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GBJ GROUPS, LLC	any as it now anneads on our recor	udo)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	<u>us.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L16000125534	were filed on 06/30/2016	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Es -
Principal office address MUST BE A STREET ADDRESS)		5.5 6
		70
Enter new mailing address, if applicable:		TO DE TOMAS
Mailing address MAY BE A POST OFFICE BOX)		22
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		is, <u>enter the name of th</u>
Novy Pagistavad Office Address		
New Registered Office Address:	Enter Florida street addre	288
	, F	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 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>	<u>Name</u>	Address	Type of Action
AMBR	DAYANNA C. ROJAS	4961 NW 55TH ST	■ Add
		COCONUT CREEK, FL 33073	_□ Remove
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Effective date, if other the fan effective date is listed, the	ian the date of filin	lg:	te of filing or more than	(optional)	Pursuant to 605 0207
Note: If the date inserted i	n this block does not i	meet the applicable	statutory filing require	ements, this date	will not be listed as
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