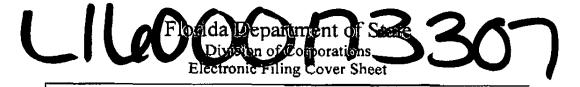
**Division of Corporations** 

Page 1 of 2



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To:

Division of Corporations

fax Number : (850)617-6383

From:

Account Name : VARGAS, PIEDRA & CO. Account Number : 120070000148

Phone

: (305)671-0003

Fax Number

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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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To:18506176383

Page:2/5

Division of Corporations

Page 2 of 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	& GLLC					
(Name of the Lin	(A Florida Limited	pany na it now appears of Liability Company)	our records.)			
The Articles of Organization for this Limited	Liability Compan	y were filed on 9-16-2	2016	and ass	igned	
Fiorida document number L16000173307	,					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited lin	bility company here:				
N/A						_
The new name must be distinguishable and contain the	words "Limited Lieb	llity Company," the desig	nation "LLC" or the abb	reviation "L.I	C."	_
Enter new principal offices address, if appli	cable:	N/A				
(Principal office address MUST BE A STRE	ET ADDRESS)			<u> ಶ.ಹ</u>		_
					د دید چمو مو	_
				<u> </u>		ů
Enter new mailing address, if applicable:		N/A			$\sim$	
(Mailing address MAY BE A POST OFFICE	(BOX)					_
		•		11	E.	
				97	ά	- <u>`</u> ~,
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o	ffice address on ou	r records, <u>enter ti</u>	te name o	fibe	<u>uêw</u>
		<b></b> -				
Name of New Registered Agent:	N/A					-
New Registered Office Address:	isability Company as it now appears on our records.  (A Florida Limited Liability Company)  isability Company were filed on 9-16-2016 and assigned owing:  (the limited liability company here:  words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  able: N/A  TADDRESS)  N/A  N/A  BOX)  or registered office address on our records, enter the name of the new fice address here:					
		Enter Florida street address				
			, Florida			-
		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

Title	Name	Address	Type of Action
MGR	GOMEZ, RODOLFO	4300 BISCAYNE BLVD G-05	
		MIAMI, FL 33137	■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MOR	GOMEZ, RODOLFO	4300 BISCAYNE BLVD G-05	B Add
		MIAMI, FL 33137	□ Remove
			☐ Change
MBR	The Salrust Group Inc Rodolfo GOMez TRA#7230001005	4300 BISCAYNE BLVD G-05	Add
		MIAMI, FL 33137	□ Remove
		<u> </u>	Change
		-	DAdd
			Remove
			Change
			🗖 Add
			- Remove 7
			C Change
			7.5 NO 5
			□ Remove?
			Dri Change

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Effective date, if other than the date of Bling:  ((If an effective date is tipsed, the date must be specific and cunnot be prior to date of Bling or more than 90 days after filing.) Pursuant to 6f. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be till document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl.) The 90th day after the record is filed.	
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	ler of:
Dated September 21 2016	

or of authorized representative of a member

Typed or printed name of signes

Rodolfo Gomez/Manager

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