111000010871

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

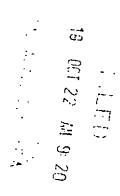
Office Use Only



900319215149

10/23/18--01005--027 **30.00

RECEIVED OCT 2 2 2018



O SIMMONS NOV 0 1 2018

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT:
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Name of Person
	GIFTON USA- LLC Firm/Company
	936 SW Ist Ave. Sute 254
	City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report flotification)
For furt	her information concerning this matter, please call:
	Name of Person at (305) 951-0880 Area Code Daytime Telephone Number
	ed is a check for the following amount: i.00 Filing Fee

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

(A F	Torida Limited Liab	oility Company)		
The Articles of Organization for this Limited Liabil Florida document number	<u>U871</u>	ere filed on	13/2017	and assigned
A. If amending name, enter the new name of the	<u>e limited liabilit</u>	v company here	:	至
				بي بي
The new name must be distinguishable and contain the words	"Limited Liability	Company," the desi-	gnation "LLC" or the ab	ibreviation "LHC."
Enter new principal offices address, if applicable	e : .			·
(Principal office address MUST BE A STREET A	DDRESS)			·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>	Gifte 936 Miami	0-USA 5W 1st 1 FL-33130	11.C Îve Sute 250
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on o	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	936 No	SW IS Enter Florida COM	1. Ave . Su a street address , Florida	3313U
\ //	•	Cin		Zin Codo

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Aut	horized Member		
Title	Name	Address	Type of Action
MGR	Daniel Diaz	936 SW Ist. Ave.	Add
		Suite 254	Remove
		Miami FL 3313c	Change
	· <u></u>		Add
			22 F. Remove
		· · · · · · · · · · · · · · · · · · ·	r □ Change
	•		Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
	•		Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
· .	· · ·		🗆 Add
			☐ Remove
			Change
		·	
			Remove
			□ Change

. —	·								_		
			, I		_		-				
				_			.				
		-						<u> </u>			
							_		: 6	2	
	.		. .		<u> </u>			<u>. </u>		3	
										2 !	١
									•	<u> </u>	ソ
•			•	•					, ,5	بې	
										; 3	
·	 		+ -					. <u>.</u>			
	 						_	<u> </u>			
					· — <u>-</u>						
						<u> </u>		·			
(If an effection Note: If t	date, if other the vertice date is listed, the the date inserted in 's effective date of	date must be : n this block	specific and does not r	d cannot be meet the a	ipplicable	ite of filing of statutory f	or more than thing require	00 days afte	ional) r filing.) Pu is date will	rsuant to 605 I not be liste	.0207 (ed as tl
the recor	d specifies a cooth day after t	lelayed ef he record	fective of the fectiv	date, bu	it not ar	n effectiv	e time, a	t 12:01	a.m. on	the earlie	er of:
,	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•							
Dated	11/3			. <u>20</u>	18.						
	012										
		Sign	nature of a	member or	r authorize	d representa	tive of a mer	nber	<u>. </u>		
						- F		-			
				ſ	· —						

Page 3 of 3

Filing Fee: \$25.00