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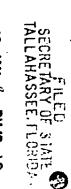
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COVER LETTER

•	' I
TO: Registration Section Division of Corporations	•
SUBJECT: GELAVER ES	A GITE GOOD LLC nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted _! for filing.
Please return all correspondence concerning this matter	r to the following:
<u> Pich</u>	and garrido Name of Person
Melak	DEA ESTATE Group. Firm/Company
SOI E	24. St #204
Hicle	Oct. T. 33013 City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please of	
Stephenie Gelaber	4 at (305) 709-7504 Area Code Daytime Telephone Number
	Payante Pelephone Painter
Enclosed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee &	Dess on Pilian Paris
\$25.00 Filing Fee \$\text{Certificate of Status}\$	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	 STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

d Liability Company as It now appea A Florida Limited Liability Company) as it now appears on our records. The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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, \hat{l} 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

If amending or removed	Authorized Person(s) authorized to man from our records:	page, <u>enter the</u>	title, name, and address of eac	h person being added
MGR = M AMBR = At	anager uthorized Member			
<u>Title</u>	Name	Address		Type of Action
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ective date, if other than the effective date is listed, the date mue: If the date inserted in this burnent's effective date on the E	ast be specific and cann block does not meet t	ot be prior to date the applicable st	of filing or more than 90 atutory filing requirem	(optional) days after tiling.) Pursua ents, this date will no	nt to 60 t be lis
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Filing Fee: \$25.00