Division of Corporations

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(((H17000205671 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : 120120000051

: (305)937-7773

Fax Number

: (815)301-2897

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GFI ADVISORS, LLC

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COVER LETTER

| TO; | Registration Sectorial Division of Corp. | | | | |
|----------------|--|--|---|--|---|
| SU BJ E | CT: | | SORS, LLC cd Liability Company | | |
| The en | closed Articles of A | mendment and fee(s) are subn | nitted for filing. | | |
| Please | return all correspon | dence concerning this matter t | o the following: | | |
| | | GIANFE | IANCO IPPOLITI | | |
| | | | Name of Person | | |
| | 1 | GF1 A | DVISORS LLC | 2017 TALL | |
| | | | Firm/Company | 2017 1116 1 0 | 7 |
| | | 7135 COL | LINS AVE APT 1812 | m. | T |
| | | | Address | A ID: OI | |
| | | MIAMI | BEACH, FL33141 | O I | |
| | | | City/State and Zip Code | | |
| | • | | NIV@GTAX.COM | | |
| For fu | rther information co | e-mail address: (i oncerning this matter, please ca | o be used for future annual report notif | ication | |
| GIAN | IERANCO IPPOLI | | at (305) 878-6850 | | |
| | Name of | Person | Area Code Duytimo | : Telephone Number | |
| Enclo | sed is a check for th | e following amount: | | | |
| ∜ \$ 2 | 5.00 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) | |
| | MAIL | ing address: | STREET/COURT | er address: | |

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
Tollohassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company of H new Appears on our records.)
(A Florida Limited Liability Company)

| This amendment is submitted to amend the fo | ollowing: | | |
|--|----------------------|-------------------------------------|--|
| A. If amending name, enter the new name | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LL | .C' or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 7135 COLLINS AVE AP | T 1812 |
| Principal office address MUST BE A STRE | ET ADDRESS) | MIAMI, FL 33141 | <u> </u> |
| | | | 50 7 |
| | | | H 1 UC = |
| Enter new mailing address, if applicable: | | 7135 COLLINS AVE AP | T 1812 SS 5 5 |
| Mailing address MAY BE A POST OFFICE | BOX | MIAMI, FL 33141 | |
| • | | | <u>55. 5</u> |
| | | | 왕 오 |
| B. If amending the registered agent and/or | registered office | address on our records, <u>en</u> (| er the name of the new |
| registered agent and/or the new registered o | the address her | <u>e</u> : | |
| | GIANFRANG | ^∩ IPP∩! IT! | |
| Name of New Desictand Agency | <u> Viantiana</u> | <u> </u> | |
| Name of New Registered Agent: | | CLAVE ADT 1917 | |
| Name of New Registered Agent: New Registered Office Address: | 7135 COLLI | | |
| | 7135 COLLI | Enier Florida street add | ress |
| | 7135 COLLII MIAMI | Enier Florida street add | ress Florida <u>33141</u> Zip Code |

If Changing Registered Agent, Signature of Reviewered Agent

Page 1 of 3

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 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 | GIANNY MORALES | 1855 NW 15 AVE APT 1211 MIAMI, FL 33125 | | רוד אינה |
| | | | | P-Add |
| | | | | □ Remove |
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|). If amer | iding any other information, enter change(s) here: (Attach additional sheets, ifnecessary.) |
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| | 2017 ALL: |
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| _ | SSE O |
| Effectiv | re date, if other than the date of filing: |
| (If an effective Note: If | ctive date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | JUNE 22, 2017. |
| | |
| | Signature of a member or authorized representative of a member |
| | GIANFRANCO IPPOLITY // |
| | Typed or printed partie of signee // |