(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



900296975149

03/28/17--01008--025 **25.00

D. SCOTT MAR 2 9 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PLASTI GORDON LLC	ed Liability Company as it now appear	on our records.)
	ed Liability Company as it now appear (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on $\frac{02^{\prime}}{2}$	24/2017 and assigned
Florida document number L17000043944	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company he	re:
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		······································
Enter new mailing address, if applicable:		
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE		T's T
to and the state of the state o		
		3 N
		our records, enter the name of the new
registered agent and/or the new registered o	onice address nere:	FLORE TO
Name of New Registered Agent:	Guillermo Cumares	
New Registered Office Address:	3300 NE 192 ST UNIT 716	
	Laur Fl	orida street isdiress
	AVENTURA	, Florida 33180
	City	Lip 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 Sew Registered Agent

Page 1 of 3

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
MGR	Cumares, Guillermo	3300 NE 192 ST #716	= Add
		AVENTURA, FL 33180	□ Remove
			☐ Change
MGR	ALFARO, KRIS	3300 NE 192 ST #176	
		AVENTURA, FL 33180	■ Remove
MGR	JESUS, HERNANDEZ	3300 NE 192 ST #176	
		AVENTURA, FL 33180	■ Remove
			Remove
		1 '	Change M
			Add :: 03
			□ Change
		.	Add
		,	□ Remove
			Change.

······································

(optional) n 90 days after filing.) Pursuant for 605,02
n 90 days after filing.) Purstizni for 605,02 irements, this date will not be listed
at 12:01 a.m. on the éarlier
F ST
当
9.79
ember

Page 3 of 3

Filing Fee: \$25.00

Date of this notice: 03-08-2017

Employer Identification Number:

82-0725712

Form: SS-4

Number of this notice: CP 575 G

FLASH GORDON LLC GUILLERMO CUMARES SOLE MBR 3300 NE 192ND ST APT 716 AVENTURA, FL 33180

For assistance you may eall us at:

IF YOU WRITE, ATTACH THE TIPE. STUB AT THE END OF THIS WOTICE.

AN II: 03 F STATE FLORIDA

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-0725712. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is FLAS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

(IRS USE ONLY) 575G

03-08-2017 FLAS O 9999999999 SS-4

FILED

17 MAR 27 MIII: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Keep this part for your records.

CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 03-08-2017 () - EMPLOYER IDENTIFICATION NUMBER: 82-0725712 FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

FLASH GORDON LLC GUILLERMO CUMARES SOLE MBR 3300 NE 192ND ST APT 716 AVENTURA, FL 33180