Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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m.		
To:	Division of Corporations	
	Fax Number : (850)617-6383	7 7
	·	
From:		
•	Account Name : CORPORATE CREATIONS INTER	RNATIONAL INC.
	Account Number: 110432003053	
	Phone : (561)694-8107	
	Fax Number : (561)694-1639	£ —

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EL FARO INVESTMENT GROUP LLC

Certificate of Status	0
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Page Count	04
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

•	EL PARO INVESTÍ	SENT GROUP LLC	<b>西</b> 罗
(Name of the L	(A Florida Limited L	was it sow appears an our records.) sebility Company)	
he Articles of Organization for this Limite	d Liability Company	were filed on June 19, 2017	and assigned
lorida document number L17000131774	·		
his amendment is submitted to amend the	following:		
L. If amending name, enter the new nam	e of the limited liabi	lity company here:	
LA GUIOLE LLC	en e		
he new name must be distinguishable and contain t	he words "Limited Lisbili	ty Company," the designation "LLC" or the	sbbreviation "L.L.C."
ater new principal offices address, if ap	plicable:		
Principal office address MUST BE A STR			
•	a Training		
nter new mailing address, if applicable:		·	
Malline address MAY BE A POST OFFI	CE BOX		
<ol> <li>If amending the registered agent a egistered agent and/or the new registere</li> </ol>	ind/or registered off d office address here	ice address on our records, <u>ent</u> :	er the name of the
person again and of the new 1920s;		• •	
Name of New Registered Agent:		·	
New Registered Office Address:		·	
		Enter Florida street address	
		. Florida	

## 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.

Chy

If Changing Registered Agent, Signature of Now Renistered 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
			[] Add
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			Change
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