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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : 120050000012 Phone : (954)659-8835 Fax Number : (954)301-0417

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

Email Address: ocamelo@articruz.com

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ARTICRUZ LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICRUZELC		THE ME DOW SPORTS OR OHE	records.)
(Name of the Paris)	(A Florida Limited L	rability Company)	•
The Articles of Organization for this Limited L. Florida document number L17000141320	ability Company	were filed on	and assigned
This amendment is submitted to amend the foll	owing:		
			THE TO
The new name must be distinguishable and contain the	vonts "Limited Liabli	lity Company," the designation	n "LLC" or the abbreviation "L'L.C."
Enter new principal offices address, if applic	able:	8360 NW 36th Street, S	
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 oddress MAT BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	<u> </u>		
(Mailing address MAY BE A POST OFFICE			
registered agent and/or the new registered	office address her	ī š :	
Name of New Registered Agent	GBS Consulta	mts, Inc.	
New Registered Office Address:	3350 SW 1481	th Ave. Suite 120	n adaru
	Miramar	range 1 An August and	, Florida ³³⁰²⁷
	1 + + 17 AM 1 + 14 AM	Ch	Zip Code
No. of the state o		L	

New Registered Accut's Stenature, It changing Registered Accut:

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 dulies, 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 Stronder of New Redistered Agent

Page 1 of 3

MGR = Manager AMBR = Authorized Member

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<u>litte</u>	<u>Name</u>	Address	Type of Action
MGR	Marion Cruz	3350 SW 148th Ave. Suite 120	————— i Add
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C. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to de Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) see of filing or more than 90 days after filing.) Pursuant to the statutory filing requirements, this date will not be i	505.0207 isted as	(3 th
f the record specifies a delayed effective date, but not a b). The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the ea	rlier of	F:
Dated August 9th , 2019			
- Geenfufet		•	
Signature of a member or authorize	ed representative of a member		

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