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COVER LETTER

Division of Co	orporations		
	VESTMENTS LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	SANDRA P. LOPEZ		
		Name of Person	
	GATV INVESTMENTS L	LC	
		Firm/Company	
	551 SW 13 <i>5</i> TH AVE - B10	08	
		Address	· · · · · · · · · · · · · · · · · · ·
	PEMBROKE PINES, FL.,	33027	
	MERCY VP2003@YAHOO	City/State and Zip Code COM	
	E-mail address: (1	to be used for future annual report not	fication)
For further information	concerning this matter, please ca	ıll:	
SANDRA P. LOPEZ		954 470-1969	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 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)

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

TO:

Registration Section

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATV INVESTMENTS LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number	pany were filed on	and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u> </u>
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	NO SECRET
Enter new mailing address, if applicable:	N/A	21 A
(Mailing address MAY BE A POST OFFICE BOX)		9 5
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		enter the name of the ne
	Enter Florida street address	
	, Flori	
	City	Zip 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 New Registered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
PRES	MERCEDES, VILLATE-PRIETO	2627 SOLANO AVENUE #302	
		HOLLYWOOD, FL, 33024	Remove
		-	□ Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			🗖 Remove
			Change

JOSE A. VILLATE PRIETO	94%	
MERCEDES VILLATE PRIETO	5%	
SANDRA P LOPEZ	1%	
		<u> </u>
		JUN 21
		3
		A# 9: 55
ctive date, if other than the date of		ore than 90 days after filing.) Pursuant to 605.
If the date inserted in this block doment's effective date on the Departm	not meet the applicable statutory filing	g requirements, this date will not be liste
•		
ecord specifies a delayed effect e 90th day after the record is		ime, at 12:01 a.m. on the earlie
JUNE 1	2018	
Andra -	D has	
NUULU	of a member or authorized representative	of a member

Page 3 of 3

Filing Fee: \$25.00