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SPECIAL SERVICES

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT: GADDITANOZ INVESTMENTS LLC Name of Limited Liability Company					
Please return all corres	spondence concerning this matter to the following:				
	ALEJANDRO MOLIERI				
Name of Person					
MENDEZ MOLIERI & CO					
Firm/Company					
	2600 S DOUGLAS RD, SUITE 501				
Address					
	CORAL GABLES, FL 33134				
City/State and Zip Code					
	AMOLIERI@MMCO-CPA.COM E-mail address: (to be used for future annual report notification)				
For further informatio	on concerning this matter, please call:				
ALEJANDRO MOLI					
Nam	at () ne of Person Area Code Daytime Telephone Number				
Enclosed is a check fo	or the following amount:				
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificat (additional copy is enclosed) Certified	e of Status &			

MAILING ADDRESS:

TO:

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GADDITANOZ INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/05/2018 and assigned Florida document number _L18000004685 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 address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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	ALEJANDRO MOLIERI	2600 S DOUGLAS RD, STE 501	□ Add
		CORAL GABLES, FL 33134	Remove
			□ Change
MGR	MSRG GLOBAL HOLDING, ELC	2600 S DOUGLAS RD, STE 501	= Add
		CORAL GABLES, FL 33134	□ Remove
			□ Change
			□ Remove
			Change
		·	□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change

Filing Fee: \$30.00