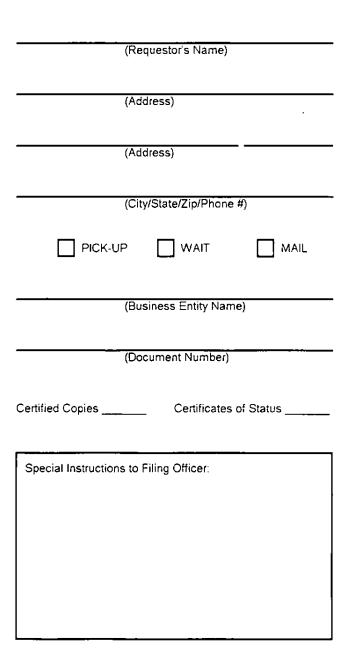
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Office Use Only



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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Security Division of Corp					
eun ira	·γr.	GIKC	ON LLC	•		
SUBJEC	LI;	Name of Lim	ited Liability Company			
The encl	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
			Yanet Comesanas			
			Name of Person			
			VGV (US) LLC			
			Firm/Company	Firm/Company		
		2	100 Ponce de Leon, Suite	: 850		
		. 	Address		elephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
			Coral Gables, FL 331	34		
			City/State and Zip Code			
		E mail address (yanetc@vivancoyviv to be used for future annual			
For fueth	er information c	oncerning this matter, please co		report notification)		
rorium		-				
	Yanet Co	omesanas	at ()	471-4655		
	Name o	f Person	Area Code	Daytime Teleph	one Number	
Enclosed	d is a check for th	ne following amount:				
□ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		Certificate of Status & Certified Copy	
	Mailing Addres Registration S	Section	-	ration Section		
	Division of C	orporations	Divisio	on of Corporation	ons	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GIKON LLC					
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)				
the Articles of Organization for this Limited Liability Company were filed on 01/25/2018 lorida document number L18000022668						
his amendment is submitted to amend the fol	lowing:					
a. If amending name, enter the new name o	of the limited liability company	here:				
he new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C				
nter new principal offices address, if appli	cable:					
Principal office address MUST BE A STRE	202					
		· FEB 28	manners and and			
nter new mailing address, if applicable:		. &	<u>: </u>			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		13			
		2: 3				
If amending the registered agent and/or gent and/or the new registered office address.	ē		egiste			
Name of New Registered Agent:	AVALON INCORPORATOR.	, LLC				
New Registered Office Address:	2020 PONCE DE LEON BLVI					
	Enter Florida street address					
	CORAL GABLES	, Florida ³³¹³⁴				
	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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
			□Remove
			□ Change

ii amendi	me any other intormation,	enter change(s) here: (Attach additional sheets, if necessary.)	
	_		
	······································		
			-
			-
			-
(If an effectiv <u>Note:</u> If the		pecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60: oes not meet the applicable statutory filing requirements, this date will not be list	
he record sp ord is filed.		e, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated	February 13th		
	Signa	ature of a member or authorized representative of a member	
	Signa		
		Carlos Javier Fiallo Typed or printed name of signee	

. . . .

Filing Fee: \$25.00