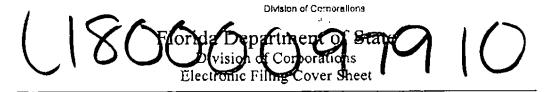
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178

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

Email Address: klandau@mbelatam.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN G.P. AVENTURA I LLC

| Certificate of Status |      | 0       |
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| Certified Copy        |      | 0       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OH.

| G.P. AVENTURA I, LLC  | <del>:</del> -                               |  |
|---|--|--|
| (Name of the Limited Liability Comna<br>(A Florido Limited I.   | ny as it now annears o<br>liability Company) | our records.)  |
| The Articles of Organization for this Limited Liability Company Florida document number   | were filed on April                          | 20, 2018 and assigned  |
| This amendment is submitted to amend the following:   | •  |  |
| A. If amonding name, enter the new name of the limited liab   | ility company here                           |  |
| The new name must be distinguishable and contain the words "Limited Liabi!  | ity Company," the desi                       | nation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  |  |
|   |  | die gange  |
|   |  |  |
| Enter new mailing address, if applicable:   | •  | Lep bran   |
| (Mailing address MAY BE A POST OFFICE BOX)  | 1  | CO TO THE PERSON OF THE PERSON |
| Indianal adults man be with the control of the bear   |  |  |
|   | ·  | <u> </u>   |
| B. If amending the registered agent and/or registered of  | nce adifress on o                            | ur records, enter the name of the new  |
| registered agent and/or the new registered office address here  | į.   | 2  |
|   | •  |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Addresses   |  |  |
| New Registered Office Address:  | Enter Florida                                | street address   |
|   |  | , Florida  |
| <u></u>   | City   | Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:   |  |  |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peling filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my<br>provided for in Cha     | oduties, and I am familiar with and apter 605, F.S. Or, if this document is  |
|   |  |  |
| <u></u>   | · · · · · · · · · · · · · · · · · · ·        |  |
| If Char   | iging Reflictered Agen                       | , Signature of New Registered Agent  |
| Page 1  | of 3   |  |

H18000160505
If amending Authorized Person(s) authorized to manage, enter the ille, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u>             | Address              | Type of Action |
|-------|-------------------------|----------------------|----------------|
| MGR   | GOURMET PALETAS, LLC    | 3722 NE 199TH STREET |                |
|       |                         | AVENTURA, FL 33180   | ■ Remove       |
|       |                         |                      | Change         |
| MGR   | GOURMET PALETAS USA LLC | 3722 NE 199ȚH STREET |                |
|       |                         | AVENTURA, "L 33180   | □ Remove       |
|       |                         |                      | Change         |
|       |                         | <u> </u>             | □ Add          |
|       |                         |                      | □ Remove       |
|       |                         |                      | Change         |
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|       | 414                     | <u> </u>             |                |
|       |                         |                      | □ Remove       |
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