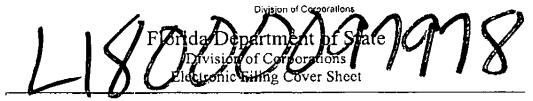
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To:

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/ORM/MG RESIGN G.P. WYNWOOD/LLC

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## ARTICLES OF AMENUMENT TO ARTICLES OF ORGARIZATION **OF**

G.P. WYNWOOD, LLC  (Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our recorded Liability Company)	cords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on April 20, 201	8 and assigned
Florida document number L18000097978		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
GOURMET PALETAS USA LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u> </u>
	DE SELECT TOPIC TO	7 2
Enter new mailing address, if applicable:	<u>*),</u>	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u>;.                                </u>
		<u> </u>
B. If amending the registered agent and/or registere	ed office address on our rec	ords, enter the name of the
registered agent and/or the new registered office address	s nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	dress
	Since I to the since of	
	City	_, Flori <b>da</b> Zin Code

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

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
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