18000126400

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J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	FF Review	US LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Gabr	iella Caputo Name of Person	
		Reviews LLC	
	<u> </u>	W 17 Terrace Address	
	Mich	The FL 33145 City/State and Zip Code	
	TELOULA(E-mail address: (0	CAMILLE & GMC o be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ill:	
Gabriella Name of	Capulo Person	at (<u>786</u>) <u>478-</u> Area Code Daytime	6029 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

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

GFC Revi	-
(<u>Name of the Limited Liabilit</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>と 18000126400</u>	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limitation of the words "Limitation	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDR	vess)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
egistered agent and/or the new registered office addi	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 Title <u>Name</u> **Address** Camille Monasterio 2338 SW 11th St Miani F 33135 MGR __ 🗆 Remove _□ Change □ Add □ Remove __

Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change □ Remove □ Change

		
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**		
Note: If the document's ne record	date, if other than the date of filing:	not be listed as
Dated	John 6 . 2018.	
	A Nous to	20
	Signature of a member or authorized representative of a member	, p
	Gabriella Capub 500	JUN - B
	Typed or printed name of signee	
	Page 3 of 3	. .

Page 3 of 3 Filing Fee: \$25.00