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(Re	equestor's Name)	_	
(Ad	ldress)		
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(Cii	ty/State/Zip/Phone	 	
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(Bu	isiness Entity Nam	ne)	
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Certified Copies Certificates of Status			
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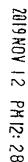


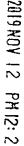
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1 July





COVER LETTER

TO:		istration Sec ision of Corp			•	
ento n	ድረማ.	GOWA FOO	DDS, LLC			
SUBJI	r.C. 1 :		Name of Lim	ited Liability Company		
The en	closed	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return	all correspon	dence concerning this matter	to the following:		
			LEONARDO CAMERO,	Name of Limited Liability Company It and fee(s) are submitted for filing. Detring this matter to the following: ARDO CAMERO, CPA Name of Person ESS FLORIDA SOLUTIONS, LLC Firm/Company W 82ND AVE, SUITE 330 Address Address Address Address Address Address Address The anil address: (to be used for future annual report notification) This matter, please call: The annual section of Status and Copy Area Code Daytime Telephone Number The annual section of Status and Copy Certificate of Status and Copy Certificate of Status & Certified Copy		
				Name of Person		
			BUSINESS FLORIDA SC	DEUTIONS, LLC		
				Firm/Company		
			3403 NW 82ND AVE, SU	TTE 330		
				Address		
	DORAL, FL 33122					
			LEO@CAMEROCPA.COM	•		
			-		eport notification)	
For fur	ther in	formation co	ncerning this matter, please ca	all:		
LEON	IARDO	O CAMERO				
		Name of	Person	Area Code	Daytime Telephone N	Kumber
Enclos	ed is a	check for the	following amount:			
\$2	5.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Co osed) Ce	rtificate of Status &

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

GOWA FOODS, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	inv as it now appears on our records.) Liability Company)		_	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000151024</u>	and	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:			
GOWA GROUP, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	: abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:	3403 NW 82ND AVE, SUITE 330			
Principal office address MUST BE A STREET ADDRESS)	DORAL, FL 33122	- 5		
Enter new mailing address, if applicable:	3403 NW 82ND AVE, SUITE 330	•	12 PH	
Mailing address MAY BE A POST OFFICE BOX)	DORAL, FL 33122	1	PH 7:	
			28	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, ente	er the nan	ae of the	
	, Florida			
	City	Zip Co	dv	

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 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 **Type of Action** Title Name <u>Address</u> □ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change _ 🗆 Add ☐ Remove

_□ Change

	ending any other informat	ion, enter enange(s) ne	ice (.inde//dddin///d	sneem, y necessary,	
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(If an eff	ive date, if other than the offective date is listed, the date must. If the date inserted in this blonent's effective date on the De	be specific and cannot be princed does not meet the application.	ior to date of filing or more t licable statutory filing rec	han 90 days after filing.) Pursua	nt to 605.0207 (3 be listed as th
the red) The	cord specifies a delayed 90th day after the reco	effective date, but rord is filed.	not an effective time	e, at 12:01 a.m. on the	e earlier of:
Dated	NOVEMBER 4	2019			
		Mund			
		Signature of a member of an	morized representative of a	member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00