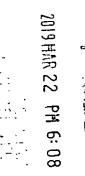
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C. GOLDEN APR -2 2019

COVER LETTER

Division of Cor			
SURIECT:	GUSC	H GROUP, (-LC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ja	acob Ogletize	
		Name of Person	
		WSCH GROWP, CLO	<u>C.</u>
	330	OU S-DIXIE HW	JY. STE.1-277
	WEST PAIN	BEACH 17. 33' City/State and Zip Code	405
	E-mail address: (15h by Ta (ob Og Mail to be used for future annual report notifi	ication)
For further information of	oncerning this matter, please ca	all:	
Division of Corporations URJECT: GNSCH GROUP, LLC. Name of Limited Liability Company the enclosed Anticles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: TACH GROUP, LLC. Firm/Company GUSCH GROUP, LLC. Name of Person GUSCH GROUP, LLC. Firm/Company GUSCH GROUP, LLC. Firm/Comp			
rane o	i rason	Area Code Dayume	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

FILED

	GUSCH GROUP, LLC	2019 MAR 22 PM 6: 08
(Name of the Limited L (A F	ability Company as it now appears on our orda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number	ty Company were filed on <u>01/2</u> 3 335	2/2019 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		records, enter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regis	•	rap Chae
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a	ent and agree to act in this capacit	• • • • • • • • • • • • • • • • • • • •

If Changing Registered Agent, Signature of New Registered Agent

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, <u>enter the title, name, and address of each person_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
A STATE OF THE PARTY OF THE PAR	ATTACK		
			Remove
			Change
MGR	MICHAEL CASTELLAND	3300 South DIXIE HWY	🖸 Add
		STE. 1-277	Remove
		WEST PARM BRACH FL. 33405	Change
		33405	🗆 Add
			□ Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			□ Change

lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
`an el N <u>ote:</u>	tive date, if other than the date of filing:
e re The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
ated	103, 18 do19
	Signature of a member or authorized representative of a member
	Total Calatinop
	Typed or printed name of signee Jetvee

Page 3 of 3

Filing Fee: \$25.00