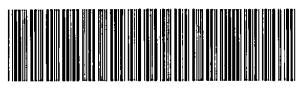
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TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

GEMA EXPORT & E-COMMERCE LLC . SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. . Please return all correspondence concerning this matter to the following: MARSHA SIHA Name of Person INCFILE.COM LLC Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARSHA SIHA 855 829-9090 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

GEMA E	XPORT & E-COMMERCE LLC	
(<u>Name of the Limited Lia</u> (A Flor	bility Company as it now appears on o rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 1.19000080814		
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	<u> </u>
	 -	
Enter new mailing address, if applicable:		of our on
(Mailing address MAY BE A POST OFFICE BOX)		
(Maning address MAT DE ATOST OFFICE DOA)	-	
		: (
B. If amending the registered agent and/or re registered agent and/or the new registered office a	~	records, enter the name of t
Name of New Registered Agent:		
New Registered Office Address:		
	reet 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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
AMBR	GENARO JOSE CASTRO PEREZ	800 SW 104TH CT APT 102	
		MIAMI, FL 33174	
		WIRONI, 11, 35174	□ Remove
			= Change
AMBR	MARIA FERNANDA CASTRO PEREZ	800 SW 104TH CT APT 102	□ Add
		MIAMI, FL 33174	
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Filing Fee: \$25.00