## 000 98542

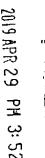
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

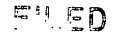


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C. GOLDEN MAY - 9 2019



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2019 APR 29 PM 3: 52

	U				
GYMATI, LLC					
(Name of the Limited Liz (A Fle	ability Compa	ny as it now appears o	n our records.)		
(A Fle	orida Limited I	Liability Company)			
he Articles of Organization for this Limited Liabilit lorida document number 1.19000098542	ty Company	were filed on APR	L 12, 2019	and assigned	
his amendment is submitted to amend the following	g:				
. If amending name, enter the new name of the	limited liabi	ility company here	:		
ne new name must be distinguishable and contain the words "	Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		910 West Ave			
		#908			
		Miami Beach, FL 33139			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		910 West Ave			
		#908			
		Miami Beach, FL 33139			
. If amending the registered agent and/or registered agent and/or the new registered office a	egistered of address hero ELMATI, ELI	<u>e</u> :	ur records, <u>ente</u>	r the name of the ne	
New Registered Office Address:	0 West Ave, A	<b>#</b> 1008			
THE TRANSPORTER OF THE TRANSPORTER	Enter Florida street address				
M	iami Beach		, Florida _	33139	
		City		Zip Code	

Page 1 of 3

Signature of New Registered Agent

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 <u>Name</u> Address **Title** ZELMATI, ELIAHOU 910 West Ave MGR\_□ ∧dd #908 \_ 🗆 Remove Miami Beach, FL 33139 \_**⊞** Change \_\_\_ □ Add \_\_\_\_\_ 

Remove \_□ Change \_\_\_\_\_ Add \_\_\_\_\_ □ Remove \_\_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_\_ Remove \_\_\_ Change \_\_\_\_\_ □ Remove \_\_\_\_ Change \_\_\_\_\_ □ Add \_\_\_\_ Remove

\_ 🛘 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets.	g necessary.)
	<u></u>
	<u> </u>
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional)  ays after filing.) Pursuant to 605 0207 (3)  nts, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at $10^{\circ}$ (b) The 90th day after the record is filed.	2:01 a.m. on the earlier of:
Dated APRILL 2 1 2.019.  Signature of a member or authorized representative of a member	
Signature of a member of authorized representative of a member  Typed or printed name of signee	