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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : TAXLEAF.COM INC  
Account Number : 120140000084  
Phone : (305)541-3980  
Fax Number : (888)772-8108

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
GEST PLAN LLC

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2019 NOV 15 P 6:36

GEST PLAN LLC

TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it appears on our records)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/16/2019 and assigned Florida document number 119000104712

This amendment is submitted to amend the following:

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," its abbreviation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable: 3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065  
*(Principal office address MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 3111 N UNIVERSITY DR STE 105  
CORAL SPRINGS, FL 33065  
*(Mailing address MAY BE A POST OFFICE BOX)*

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: GSI RA LLC  
New Registered Office Address: 1549 NW 123RD ST  
*Enter Florida street address*  
NORTH MIAMI Florida 33161  
*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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

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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	Name	Address	Type of Action
MGR	CSI RA LLC	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROBERTO BRIANTI, MARCIO	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> <input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	C CARVALHO BRIANTI, MIRIAM	3111 N UNIVERSITY DR STE 105	<input checked="" type="checkbox"/> <input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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