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PUBLISH OF COMPOSATION

COVER LETTER

TO: Registration So Division of Cor			
GAEL GR	OUP LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IARAPINO, GABRIELA	Н	
		Name of Person	
		Firm/Company	
	1866 North Young Circle		
		Address	
	Hollywood, FL 33020		
		City/State and Zip Code	
	lbuscemi@sdaimmigration.	.com to be used for future annual report not	(F)
For further information c	oncerning this matter, please c	•	meation
IARAPINO, GABRIELA H		305 9019745 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	etion
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CORPORATION OF

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GAEL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/14/2019}{1}$ ____ and assigned 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," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: IARAPINO, GABRIELA H Name of New Registered Agent: 1866 North Young Circle New Registered Office Address:

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.

City

Hollywood, FL

Gabrisla Jarapino

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida 33020 Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Control of State
OF STA

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IARAPINO, GABRIELA H		🗆 Add
			□Remove
		1866 North Young Circle Hollywood, FL 33020	🗏 Change
MGR	BONIOLO, ELSA H		□Add
			🗆 Remove
		1866 North Young Circle Hollywood, FL 33020	🗏 Change
			🗆 Add
			Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change

D. If am	デルビリ モロスポレコART OF STATE ending any other information, enter change(s) here: <i>(Attach additionālisheets,頃f.nēčešstáfyi)</i> で
	21 HAR 29 PM 12: 31
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Note:	ive date, if other than the date of filing:
If the record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March 18, 2021
	Gabrisla Jarapino Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	IARAPINO, GABRIELA H
	Typed or printed name of signee

Filing Fee: \$25.00