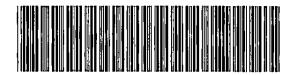
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	G&G IMPO	ORT LLC		
SUBJI	<u></u>	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	r to the following:	
		GABRIEL MONTILLA (GONZALEZ	
			Name of Person	
		3297 SW 64 AVE	Firm/Company	
		MIRAMAR FL 33023	Address	· .
		YASETAXSERVICES@G	City/State and Zip Code MAIL.COM	
		E-mail address: (to be used for fitture annual report notif	ication)
For fur	ther information c	oncerning this matter, please c	all:	
SEBAS	STIAN VENTURA	A	9548602. at ()	
	Name of	f Person		: Telephone Number
Enclose	ed is a check for th	e following amount:		
⊟ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

G&G IMPORT 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 07/05/2019 ___ and assigned Florida document number L19000174718 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SEBASTIAN VENTURA	3297 SW 64 AVE MIRAMAR FL 33023	■ Add
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ffective date, if other than the d an effective date is listed, the date must b fote: If the date inserted in this bloc ocument's effective date on the Dep	e specific and cann- k does not meet t	ot be prior to d the applicable	ate of filing or more	than 90 days after fil	ing.) Pursuant to 605 0207
e record specifies a delayed The 90th day after the recor	effective date, d is filed.	, but not a	n effective tim	e, at 12:01 a.r	n. on the earlier of
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Filing Fee: \$25.00