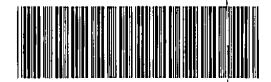






(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



30033478675

03/25/13--01019--00

PALLAKASSEL I'L

90:11 UN 03

OCT 1 4 2019

. .

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		of Limited Liability Company
The end	closed Articles of Amendment and feets) a	re submitted for filing
Please	return all correspondence concerning this i	natter to the following:
		LUIZ SANTOS Name of Person
	GV24	AMERICA LLC From Company
	18288	COLLINS AVE SUITE 1
	SUNNY_	Is Les Beach, F2 33/60 City State and Zip Code
	·	dress (to be isection future annual report notification)
For furt	ther information concerning this matter, plo $\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}_{\mathcal{F}}}}}}$	ros ai, 786, 7736700
~	Name of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:	
□ \$25	5.00 Filing Fee S30.00 Filing Fee Certificate of Sta	Solution Service & Solution Serv
	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 ORGANIZATION OF

(A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>LJ 9000 20</u> 2	Sompany were filed on <u>AVGVST 13 2016</u> 6. 421
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviatio:
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR	18288 COLLIUS AVE SUNNY ISLES BEACH F.
Enter new mailing address, if applicable: (Mailing address MAYBE A POST OFFICE BON)	18288 COLLINS AVE SUI, SUNNY ISLES BEACH FL
Aumig marcs A.II BL. II OSI OTITEL DO.Y	Similary sources to the state of the state o
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:	tered office address on our records, enter the narress here:
New Registered Office Address:	26
	Enter Florida street address
	City Florida Zigo
New Registered Agent's Signature, if changing Registered	d Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar gent as provided for in Chapter 605, F.S. Or, if this and office address. I hereby confirm that the limited lia
	If Changing Registered Agent, <u>Signature of New Registered</u> .

MGR = Manager AMBR = Authorized Member				
Title	<u>Name</u>	Address Type		
MGR	SORROSAL FATIMA	401 EAST LAS DEAS BLUD 11.		
	,	Svite 1400		
		FORT LAUDELVALE FL 3330/ AC		
MGR	GUZY AMERICA LIC	18288 COLLINS AV SVITE 1 X		
		SUNNY ISLES BEACH FL 33/60 05		
		<u></u>		
		□R		
		□ A		
		A		

or removed from our records:

	-
	<u> </u>
	<u> </u>
	+
	-
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 after filing.) Pate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or) The 90th day after the record is filed.	the e
Dated September 20th 2019 0	
Symature of a member authorized representative of a member	
LV12 SANTOS	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00