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Account Number : I19990000017

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: (305)485-9300 .

Fax Number

: (305)485-1098

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAFRE, LLC

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E FEMIENX:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAFRE, 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 Li	iability Company	were fil	ed on 11/0	6/2019	•		and assigned	
Florida document number L19000277621								
This amendment is submitted to amend the following	owing:					•		
A. If amending name, enter the new name of	the limited liabi	lity con	ipany her	<u>e</u> :			•	•
N/A :								
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Compa	my," the des	ignation '	'LLC" or	the abbrev	iation "L.L.C."	
Enter new principal offices address, if applica	7.:	N/A	·		- 4 			
(Principal office address MUST BE A STREE	T ADDRESS)		i ent			<i>:</i>		
						,	· · · · · · · · · · · · · · · · · · ·	
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Enter new mailing address, if applicable:		N/A	· · · · · · · ·	,	·	i \	5 	
(Mailing address MAY BE A POST OFFICE)	BOX)	· ·		•		· · ·		
	. ·						3	
B. If amending the registered agent and/or re	egistered office a	ddress (n our rec	ords, <u>er</u>	iter the	name of	the new register	ed
agent and/or the new registered office addres	s here:	•	٠.,		• •		on the contract of the contrac	
Name of New Registered Agent:	CHOCCE, FRE	Ď	· . ·	· · .	· 	· 		
New Registered Office Address:	6116 NW 183 T	ERRAC	E		· · ·	•		
			Enter Florid	a street aa	dress			
	HIALEAH				Florida	33015		
		City					ip 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.

If Changing Registered Agent, Signature of New Registered Agent

- LL 1883, 1	·			
If amending Authorized Person(s) authorized to mana or removed from our records:	ge, <u>enter the title, nam</u>	e, and ad	dress of ea	ch person being added
or removed from our records:		• -		

MGR =	Manager	
AMBR =	Authorized	Membe

Title	Name	Address	Type of Action
N/A	· 	N/A	□Add
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. 1	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member of authorized representative of a member
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