12/10/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Fax Number : (561)694-1639

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIMCON MANAGEMENT LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

.2019 DEC 10 P @ 38 GIMCON MANAGEMENT LLC (Name of the Limited Liability Company as it now appears on our records,) ST CRE TARY OF STORE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 11/13/2019 and assigned Florida document number Li 9000282842 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 _, Florida _

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------|--------------------|----------------|
| AMBR | JESSE GIMELSTEIN | 3669 NE 201 ST | ■ Add |
| | | AVENTURA, FL 33162 | □Remove |
| | | | Change |
| | | | ☐ Add |
| | | | □Remove |
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| Effective date, if other than the date of filing: (aprional) (ap | | | | | |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a 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. on the earlier of: (b) The 90th day after the red is filled. December 9th | | | | | |
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| Dated December 9th | Effective date, if other than the defan effective date is listed, the date must be Note; If the date inserted in this blood document's effective date on the Dep | ate of filing: re specific and cannot be prior the does not meet the applic eartment of State's records. | to date of filing or more able statutory filing ro | (optional) than 90 days after filing.) equirements, this date v | Pursuant to 605.0207 (will not be listed as t |
| Signature of a member or authorized representative of a member | | date, but not an effective ti | me, at 12:01 a.m. on | the earlier of: (b) The | 90th day after the |
| Signature of a member or authorized representative of a member | December 9th | 2019 | | | |
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| Kevin Duleau, Attorney-in-Fact | -/ 3 | ignature of a member or author | orized representative of | a incinber | |
| | Kevin Duteau, Attornev- | n-Fact | | | |