L19000289743

11/5/2020 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CONTADORSUNNYISLES.COM INC
Account Number : I20200000118
Phone : (305)260-6968
Fax Number : (786)513-7810

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GADE VENTURES LLC

Certificate of Status	0
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Estimated Charge	$25.00

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NOV 06 2020

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GADE VENTURES 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 11/21/2019 and assigned Florida document number L19000289743.

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)

3249 WAUSEON DRIVE
SAINT CLOUD, FL 34772

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3249 WAUSEON DRIVE
SAINT CLOUD, FL 34772

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: CSI RA LLC

New Registered Office Address: 15305 BISCAYNE BLVD STE 201
Enter Florida street address

NORTH MIAMI BEACH, Florida 33160
City *Zip 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

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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

Title	Name	Address	Type of Action
PRES	AVILA, JUAN C	4996 SW 94TH TERRACE	☐Add
		COOPER CITY, FL 33328	☒Remove
			☐Change
AMBR	RODRIGUES MENDES, MARCO	3249 WAUSEON DRIVE	☒Add
		SAINT CLOUD, FL 34772	☐Remove
			☐Change
AMBR	CESAR MARIA, RENAN	3249 WAUSEON DRIVE	☒Add
		SAINT CLOUD, FL 34772	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(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.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated OCTOBER 29TH 2020

Signature of a member or authorized representative of a member

RENAN CESAR MARIA

Typed or printed name of signee

Filing Fee: $25.00