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T. MATTHEWS
JAN 18 2022

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

GESTORE SUBJECT:			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Gustavo J. Garcia-Montes.	Esq.	
		Name of Person	
	Gustavo J. Garcia-Montes.	PA	
	·	Firm/Company	
	2333 Brickell Ave. Suite A	-I	
		Address	
	Miami FL 33129		
		City/State and Zip Code	
	ggm@agmlawgroup.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Gustavo J. Garcia-Monto	es, Esq.	305 989-1137 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration	Section	Street Address: Registration Sec	
Division of C	Corporations	Division of Corp	oorations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GESTORE LLC

22 JFT -14 FH12: 39

(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 12/20/2019 and assigned 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 <u>___</u>

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 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
MGR	Rosa Lamela	4885 SW 92 Ave	□Add
		Miami FL 33165	Remove
			Change
AMBR	MUR OTHINVESTMENTS CORP	2333 Brickell Ave. Suite A-I	■Add
		Miami FL 33129	□Remove
			□Change
			□Add
			Remove
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ective date, if other	than the date of fil	12/30/2021 ling:	<u></u>	(optional)	
effective date is listed a	he date must be specific.	and cannot be prior to date	of filing or more than 90 atutory filing requirer	days after filing.) Pursuant to ments, this date will not be	o 605.020 e listed a
cument's effective dat	e on the Department c	of State's records.			
	I Of the last has	afficientime time at	12:01 a.m. on the ear	dier of: (b) The 90th day	z after the
s filed.	ed effective date, but	not an effective time, at	12.01 a.m. on the car	lier of: (b) The 90th day	
D		2021			
ted		<u> </u>			
		1 <i>)</i>			

Typed or printed name of signee