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	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : NEW START BUSINESS SOLUTIONS INC	~
	Account Number : I20130000079	TÜZÜ
	Phone : (305)804-1047	
	Fax Number : (866)767-7835	
**Ente	r the email address for this business entity to be used for	_
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AUG 1 7 2020

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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GABEL HOLDING LLC (Name of the Limited I. (A F	lability Compa- lorida Limited I.	ny as it now appears : lability Company)	on our records,)	••••
The Articles of Organization for this Limited Liabil Florida document number <u>L20000006415</u>	ity Company	were filed on 12/3	0/2019	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liabi	lity company her	<b>2</b> ;	
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable		5295 E LEITNEF	OR	
(Principal office address MUST BE A STREET A		CORAL SPRING	S, FL 33067	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
				7770
Enter new mailing address, if applicable:		5295 E LEITNE	R DR	AUS -
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>	CORAL SPRING	3S, FL 33067	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address ber	<b>:</b> •	our records, <u>ente</u>	
Name of New Registered Agent:	<del></del>	<del></del>		
New Registered Office Address:	5295 E LEITN		du street address	
	CORAL SPRII	NGS	Florida	33067
<del>-</del>		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region of the change in the change i	gent and agr and complete red agent as istered office	ee to act in this co performance of t provided for in C	ny auties, ana 1 ar hapter 605. F.S. C	or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

From. Hector Rodriguez Fax: 18567677835

To: Sunbiz LLC

Fax: (850) 617-6383

Page: 4 of 5

08/14/2020 8:20 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EDOUARD E ERNEST	5295 E LEITNER DR	Add
		CORAL SPRINGS. FL 33067	☐ Remove
			■ Change
AMBR	HEDA A ERNEST	5295 E LEITNER DR	□ Add
		CORAL SPRINGS, FL 33067	□ Remove
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Add
			Remove
			□ Change

Fax: (850) 617-6383

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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Voto	ive date, if other than the date of filing:  [lective 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 if the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e rec The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90th day after the record is filed.
ated	JUNE 29 , 2020
	Signature of a member or authorized representative of a member

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