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## **COVER LETTER**

TO:

Registration Section

Div	ision of Corpo	rations					
	GESINT LLC		. 1	, ng <sup>i</sup>			
SUBJECT:	Name of Limited Liability Company						
The enclosed	d Anicles of An	nendment and fee(s) are sub	mitted for filing.	The state of the s			
Please return	all correspond	ence concerning this matter	to the following:	POR MARINE			
		Eduardo Perez Orive					
			Name of Person	<del></del>			
		Intertrust Realty Corp					
			Firm/Company				
2609 Collins Ave							
		Address					
		Miami Beach - Florida 33	40				
			City/State and Zip Code				
		norma@intertrustrealty.con  E-mail address: (	to be used for future annual report notific	ration)			
For further i	nformation con	cerning this matter, please c	aft:				
Norma Lien	ndo		786 312-8790 _ at ()				
	Name of P	cison	Area Code Daytime	Telephone Number			
Enclosed is	a check for the	following amount:					
<b>■</b> \$25.00 1	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	ailing Address:	ction	Street Address: Registration Sect	tion			
Di	vision of Cor		Division of Corp	orations			
	D. Box 6327 Hahassee, FL	, 32314	The Centre of Ta 2415 N. Monroe	Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO **OF**

Down of the Park o ARTICLES OF ORGANIZATION (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Lir	miled Liability Company)	جيءَ جي
The Articles of Organization for this Limited Liability Com Florida document number <u>L20000098796</u> .	npany were filed on 04/08/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

**GESINT LLC** 

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>	<u>Name</u>	Address	Type of Action
MGR	Monica Perez Corradini	2609 Collins Ave - Miami Beach - FL 33140	<b>≅</b> Add
			Петюче
			□Change
MGR	Eduardo Perez Orive	2609 Collins Ave - Miami Beach - FL 33140	□ Add
		<del>.</del>	≅Remove
			□Change
			□Add
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Tective date, if other that an effective date is listed, the da ote: If the date inserted in to ocument's effective date on	te must be specific ar his block does not	nd cannot be prior to meet the applicab	date of filing or more th		
record specifies a delayed ef is filed.	Tective date, but no	ot an effective time	e, at 12:01 a.m. on th	e earlier of: (b) The	90th day after the
April 30th		2020			
			ed representative of a	munibur	
	Signature of a	mentoevor anuoriz	ed representative of a	menner	