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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:

Registration Section

Division of Cor	Division of Corporations		
GNTA HO	LDINGS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AGOSTINA TIZZ+ NO		
		Name of Person	
	LAW OFFICE OF MALE	RIA SCHVARTZMAN	
		Firm Company	
	12550 BISCAYNE BLVD). STE 406	
		Address	
	NORTH MIAMI, F., 331	81	
		City/State and Zip Code	·
	AGOSTINA@SCIP LAW E-mail ac Tress: 0	.COM to be used for future annual report notif	fication)
For further information e	oncerning this matter, p-case c		
AGOSTINA TIZZANO		305 974 0114	
Name o	f Person	at () Area Code Daytim	c Telephone Number
Enclosed is a check for the			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fer & Certificate of St tus	☐ \$55.00 Filing Fee &. Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration Section		Registration Scition	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
r.O. Box 652 Tallahassee, l			ananassee 2 Street, Suite 810
· ····································	· • • • ·	Tallahassee, F.	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GNTA HOLDINGS LLC (Name of the Liv Hed 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 $\frac{05/14/2020}{}$ ___ and assigned Florida document number $\frac{L20000131239}{2}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here. GNTK HOLDINGS ELC 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 app cable: (Principal office address MUST BE A STR. ET 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 CinvNew 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 Complete 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>	<u>Name</u>	<u>Address</u>	Type of Action
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k (Factio	ve date, if other than the date of	iling	(optional)
lf an effe <u>Note:</u> I	ective date is fisted, the date must be specif	c and cannot be prior to date of filing or more of not meet the applicable statutory filing rea	han 90 days after filing.) Pursuant to 605 0207
e record rd is file		not an effective time, at 12:01 a.m. on the contract of the co	be earlier of: (b) The 90th day after the
Dated _	IUNE 24TH	-· 2020	
	Signature	of a member of authorized representative of a	member
	PIGNATELLI RODOLFO		
		Typed or printed name of signee	