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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 Phone : (954)659-8835 Fax Number : (954)301-0417

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

Email Address: alcountc@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALOBAR CAPITAL, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALOBAR CAPITAL, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.)  Limited Liability Company)	
The Articles of Organization for this Limited Liability Corida document number L20000201298	Company were filed on <u>07/10/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Clar	ida
·	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 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
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			🗆 Remove
			[] Change
MGR	Alonso Ernesto Fernandez Cepeda	2657 GIARDINO LOOP, KISSIMMEE, FL 34741	
			□ Remove
			Change
MGR	Andrea Cristina Suarez Galeno	2657 GIARDINO LOOP, KISSIMMEE, FL 34741	[]Add
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