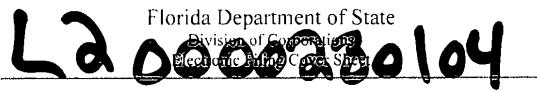
From: Paloma Duai

4/13/22, 11:51 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220001343583)))



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Doing so will generate another cover sheet.				

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

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

Email	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIL DISTRIBUTION LLC

Certificate of Status	Ù
Certified Copy	0
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Estimated Charge	\$25.00

C. BRUMBLEY

APR 1 4 2022

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIL DISTRIBUTION LLC				
(<u>Name of the Limited Liability (</u> (A Fiorida Li	Company as it now appears on our records mited Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L20000280104</u>	npany were filed on 9/8/2020		_ and as:	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
BRAZII. HALL LEC				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbrev	iation "L	.L.C.`
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRES	<u> </u>		_	
		··	2022	
			22 A	-
Enter new mailing address, if applicable:			ÅРR	[]
(Mailing address MAY BE A POST OFFICE BON)		· ·	ယ	<u> </u>
			P	П
				D
B. If amending the registered agent and/or register		, enter the	name	of the nev
registered agent and/or the new registered office addres	ss here:			
				·
Name of New Registered Agent:	···	·		
New Registered Office Address:				
The state of the s	Enter Florida street address	5		
	, Fle	orida		
	City		Zip Code	

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

Page: 3 of 5

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 Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5

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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
			Remove
			Change
			□ Add
			□ Remove
			Change
			
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			□ Change
			Add
			☐ Remove
			□ Change

From: Paloma Duar

To: +18506176383

2022-04-13 15:53:42 GMT

GILSON INACIO VIANA Typed or printed name of signer

Dated MARCH, 21

Page 3 of 3

and the state of t

ed representative of a member