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INVERSIO	ONES FINANCIERAS 24000 I		,
CT:			
losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	Pedro A Gomez		
		Name of Person	·-
	GBF Holdings, LLC		
	.	Firm/Company	
	4225 PONCE DE LEON I	BLVD	
		Address	
	CORAL GABLES, FL 33	146	
	·	City/State and Zip Code	
	-		(figuriary)
ner information o		·	
A GOMEZ		786 442-5551	
Name o	f Person	at () Area Code Daytim	te Telephone Number
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oo riing ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
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		Registration Se	
		Division of Cor	
	INVERSION INVERSION INVERSION Inversion of A gomes A Gomes Name of the action of	Name of Lim Pedro A Gomez Pedro A Gomez GBF Holdings, LLC 4225 PONCE DE LEON f CORAL GABLES, FL 33 GBFHOLDINGSLLC@GN E-mail address: (Name of Person It is a check for the following amount: Name of Person It is a check for the following amount: Name of Fee S30.00 Filing Fee	Division of Corporations INVERSIONES FINANCIERAS 24000 LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. cturn all correspondence concerning this matter to the following: Pedro A Gomez Name of Person GBF Holdings, LLC Firm/Company 4225 PONCE DE LEON BLVD Address CORAL GABLES, FL 33146 City/State and Zip Code GBFHOLDINGSLLC@GMAIL.COM E-mail address: (to be used for future annual report not are information concerning this matter, please call: A GOMEZ A GOMEZ A GOMEZ Name of Person A GOMEZ Test Address: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		iny as it now appears on o Liability Company)	ur records.)	
•	(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on <u>09/21/20</u>	20	_ and assigned
Florida document numberL20000296774	. <u></u> .			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designal	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STREE		N/A		
		N/A		
				202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		<u></u>
		N/A	<u>.</u>	
		N/A		<u>о</u> п
•				
B. If amending the registered agent and/or r		address on our record	s, enter the name o	f the new regi
agent and/or the new registered office addre	ss here:			ထ
Name of New Registered Agent:	PEDRO A GOMEZ			
New Registered Office Address:	1225 DONGE DE LEON BLVD			
nen negativita Onice nagreas.		Enter Florida stre	eet address	
	CORAL GABI	LES	Florida _33146	
	·	City	<u> </u>	Zıp 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 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>	Name	Address	Type of Action
MGR	PEDRO A GOMEZ	4225 PONCE DE LEON BLVD	≣ Add
		CORAL GABLES, FL 33146	□Remove
			Change
			□Add
			Remove .
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ffective date, if other than the data an effective date is listed, the date must book of the date inserted in this block ocument's effective date on the Department's effective date on the Department of the Departmen	e specific and cannot be prior to a k does not meet the applicable	date of filing or more than 90 dees statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.020 ents, this date will not be listed a
record specifies a delayed effective d	late, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
ated NOVEMBER 17	. 2020		
hung _	gnature of a member or authoriz	ed representative of a member	

Filing Fee: \$25.00