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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Sect Division of Corps | | | • |
|--|---|--|---|
| GABAME F | RUITS INTERNATIONAL LL | .c | |
| SUBJECT: | Name of Limite | d Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subm | itted for filing. | |
| Please return all correspon | dence concerning this matter to | the following: | |
| | Juan Carlos Gonzalez | | |
| | | Name of Person | |
| | | Firm/Company | |
| 2250 NW 114TH Ave U | | IP | |
| | | Address | |
| | Miami, FL 33192-4177 | | |
| | | City/State and Zip Code | |
| | E-mail address: (1 | a be used for future annual report noted | ication) |
| For further information of | oncerning this matter, please co | stl: | |
| Enrique Nowogrodzki CPA | | 954 261-2413 at () | |
| Name of Person | | Arca Code Daytime | : Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Cupy (additional copy is circlused) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (akhtuonal copy is crickmed) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | |
| Tallahassee, FL 32314 | | Z415 14, Wollandsee, F | 1. 32303 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GABAME FRUITS INTERNATIONAL LLC

(Name of the Limited Liability Company as It now annears on our records.)
(A Fiorida Limited Liability Company)

| s amendment is submitted to amend the fo | llowing: | | |
|--|--------------------------------|----------------------------|---|
| If amending name, enter the new name | of the limited lis | bility company here: | |
| ABAME International Company LLC | | | |
| new name must be distinguishable and contain the | words "Limited Linb | ility Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| ter new principal offices address, if appli | icable: | n/a | |
| rincipal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| | | | |
| | | | |
| ter new mailing address, if applicable: | | n/a | |
| ter new mailing address, if applicable: <u>ailing address MAY BE A POST OFFICE</u> If amending the registered agent and/or | | | ds, enter the name of the new regis |
| ailing address MAY BE A POST OFFICE | registered office | | |
| niling address MAY BE A POST OFFICE If amending the registered agent and/orent and/or the new registered office address | registered office ess here: | address on our recor | ds, <u>enter the name of the new reg</u> is |
| If amending the registered agent and/or the new registered office address Name of New Registered Agent: | registered office ess here: | | ds, <u>enter the name of the new reg</u> is |
| If amending the registered agent and/or the new registered office address Name of New Registered Agent: | registered office ess here: | address on our recor | ds, enter the name of the new regist |
| If amending the registered agent and/or the new registered office address Name of New Registered Agent: | registered office ess here: | address on our recor | ds, <u>enter the name of the new reg</u> is |

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If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Title Type of Action Name: Address _____ __ ___ Add _____ []Change _____ __ ___ ___ DAdd _____ □Remove _____ □ Add __ 🗆 Remove _____ □Change ____ Change DbA□_____ _____ □Add Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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| Effective date, if other than the date of filing: (If on effective date, if other than the date of filing: (If on effective date is listed, the date must be specific and enough prior to date of filing or more than 90 days after filing.) Pursuant to 805,0207 (2) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records, he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated O 3 / 17 / 30 00 Signature of a member of a member of price entails of a member. Juan Carlos Gonzalez | | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|--|---------|--|
| document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filed. Dated 63/12/2020 Signature of a member of attentive of a member. | | |
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| Juan Carlos Gunzalez | | Signature of a member of state of spresentative of a member |
| | | Juan Carlos Gunzulez |

Filing Fee: \$25.00