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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>E</u> I	IENNE / N Name of Lin	VESTMENT nited Liability Company	PROPERTES
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for fiting.	
Please return all correspo	ondence concerning this matter	r to the following:	
	CARINE	DABADY Name of Person	
		Firm Company	
	/ 1 /	First Company	1
	6047 K	imberty Bl	Vd SutoA ?
	North Law Cdabady @	der dale FL City/State and Zip Code Of May 1. Com	7d Sulto A PH 3: 3
	`	to be used for future annual report nou	fication)
For further information of Carine Summer of Name of	oncerning this matter, please c	ar(<u>718), 708</u> -	OSTO e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	rtion
Division of Co	orporations	Division of Corp	porations
P.O. Box 632 Tallahassee, F		The Centre of Tourish	allahassee 2 Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

iability Company as it now appears on our records.) orida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>421 0000 56 40 5</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
THE ETTENNE INVESTM The new name must be distinguishable and contain the words "Limited Liabil	GNT3 LLC	ion "I I C" on the abbras iorios "I I C"
	1.	nberly Blvd
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	suite s	77. 82
	North L	ruderdate & 330 2
	,	
Protein ware as all a conditions of conditions.		$ \frac{1}{2} \omega $
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(7.7)
		-
	-	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Vittlee Address.	Enter Florida stre	a address
	Cin	, Florida
	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 **Title** Name. Address Type of Action arine Dabady 6047 Kimberly Blvd Xadd Sute A North Landerdal, FL 33068=Change MGR ANTHONY Etienne 6047 Kimberly Blvd DAdd Sule A DRemove Worth Landerdal Fl 3306 X Change □Add _____ □Change _____ TChange

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If an effective date is Note: If the date	f other than the date of f s listed, the date must be specifi inserted in this block does r tive date on the Department	ic and cannot be prior to not meet the applicab	date of filing or more that e statutory filing requ	(optional) n 90 days after filing irements, this date	.) Pursuant to 60	05.0207 (3 sted as th
document's effect		t not an effective time	e, at 12:01 a.m. on the	earlier of: (b) Th	he 90th day aft	er the
ne record specifies	a delayed effective date, but					
he record specifies						
he record specifies ord is filed.	14-23 M		ed representative of a m			

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