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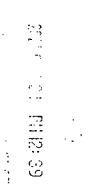
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TO:		ration Sect on of Corpo								
eus ir	GUNITERS LLC									
SUBJE	CI: _	Name of Limited Liability Company								
The enc	losed A	rticles of A	mendment and fec(s) are sub	mitted for filing.						
Please r	eturn al	l correspond	dence concerning this matter	to the following:						
			T. MATTHEW LADYMA	N						
				Name of Person						
			NISHAD KHAN, P.L.							
				Firm/Company						
			1303 N. ORANGE AVE.							
			Address							
			ORLANDO FLORIDA 32804							
			City/State and Zip Code							
			MATTHEW@NISHADKHANLAW.COM E-mail address: (to be used for future annual report notification)							
For furt	har info	rmation con	E-mail address: (i seerning this matter, please ca		report notification)					
ror min	nei mio	manon con	kerning this matter, please ca	411.						
T. MAT	THEW	LADYMA	N	407 228 at()	8-9711					
		Name of P	erson	Area Code	Daytime Teleph	one Number				
Enclose	d is a cl	neck for the	following amount:							
≡ \$25	.00 Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

DocuSign Envelope ID: D9241FC4-6FE5-4C48-BD93-264EB0A7EDFA ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GUNITERS I.LC	
(<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on 07/08/2021 and assigned
Florida document number L21000312912	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	
Name of New Registered Agent:	Ph 12: 39
New Registered Office Address:	Enter Florida street address
	, Florida
Cit	·····

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.

DocuSign Envelope ID: D9241FC4-6FE5-4C48-BD93-264EB0A7EDFA 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
S _	FRANCISCO J. FERRER	1350 BRISTOL OAKS WAY	≅ Add
		ORLANDO FLORIDA 32825	□Remove
			□Change
			🗆 Aðd
			□Remove
			☐ Change
	1 <u>0000</u>		□Add
			Remove
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(If an effe	(optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the out's effective date on the Department of State's records.
the record cord is file	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 ed.
	10/20/2021
Dated_	— DocuSigned by
	Signature of a member or authorized representative of a member
	SERGIO ROJAS, MANAGER
	Typed or printed name of signee