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COVER LETTER

Div	ision of Corp	porations				
ento ur err	Our Gables	Project, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of .	Amendment and fee(s) are sub	nitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Gus Deribeaux				
	Name of Person					
	Law Offices of Gustavo M. Deribeaux, P.A.					
	Firm/Company					
		4904 SW 72 Ave				
	Address					
		Miami, Florida 33155				
			City/State and Zip Code			
		gus@gdrpa.com	to be used for future annual report no	Villarian)		
For further is	nformation c	oncerning this matter, please co		Ameanon		
Gus Deribea	ux		305 305-446-7 at () Area Code Dayti	990		
Name of Person		Area Code Dayti	me Telephone Number			
Enclosed is:	a check for th	ne following amount:				
≡ \$25.00 H	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Re	illing Addres gistration S vision of C		Street Address: Registration S Division of C			

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 SEP 21 AM 5: 40

Our Gables Project, LLC

SECRETARY OF STALE FALLAHASSEE, FLOR

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	(Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21000380162</u> .	y were filed on August 24, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" 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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>ente</u>	r the name of the new registered
New Registered Office Address:		_
New Registered Office Address.	Enter Florida street addr	ess
	, I	lorida
		Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	te performance of my duties, (and I am familiar with and

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>	<u>Name</u>	Address	Type of Action
MGR	Gama Manager, LLC	4904 SW 72 Ave., Miami, FL 33155	■Add
			□Remove
			□ Change
MGR	Gustavo Deribeaux		□Add
		4904 SW 72 Ave., Miami, FL 33155	■Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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. If 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 record is filed. Dated September 14 nature of a member or authorized representative of a member Gus Deribeaux, Manager Typed or printed name of signee

Filing Fee: \$25.00