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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)799-7633

Fax Number : (305)564-6857

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GEMA 123 LLC**

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JUL 2 9 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F 2024 July	ILED
TALLAHASSE	6 AM 3:41

GEMA 123 LLC			
(Name of the Lir	nited Liability Comp (A Fiorida Limited	any as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited			
Florida document number L21000415683	,	<u> </u>	Langiera una sur de la constanta de la constan
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lial	pility company he	De:
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the de	signation "LLC" or the abbreviation "L.I. C."
Enter new principal offices address, if appi			
(Principal office address MUST BE A STRE			
		-	
Enter new mailing address, if applicable:		\$180 NW 36TH	ST STE 409A
(Mailing ouldress MAY BE A POST OFFICE	E BOX)	MIAMI, FL 331	ofi.
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office s	address on our re	cords, enter the name of the new registered
Name of New Registered Agent:	RCA ACCOUN	NTING SERVICES	CORP
New Registered Office Address:	8180 NW 36TI	1 ST STE 409A	
		Enter Florid	a street address
	MIAMI		Florida 33166
		City [,]	Zip Code

Nen 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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Eduardo Alberto Arias Méndez	8180 NW 35TH ST STE 409A	_
		MIAMI, FL 35166	· · · · ·
MGR			=Change
	Gina Brenda Cecilia Munoz Zignaigo	8180 NW 36TH ST STE 409A	□Add
		MIAMI, FL 33166	©Remove
мGR	ADIAS MIDIOZ DODANA		
—————	ARIAS MUNOZ, BRENDA A	8180 NW 36TH ST STE 409A	
		MIAMI, FL 33166	=Remove
4GR	ARIA MINOZ AD ANTZA		OChange
MGR ARIA MUNOZ, ARANTZA		8180 NW 36TH ST STE 409A	□Add
	MIAMI, FL 33166	≣Remove	
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