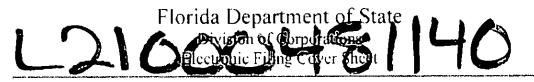
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Division of Corporations



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17183041175

## DocuSign Envelope ID: 1790FB63-A362-4424-B7E3-A160A0BE03CD ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

GB FAM HOLDINGS LLC					
(Name of the Limited	Liability Compat V Florida Linuted L	iy as it now appears on our record inbility Company)	<u>ls.)</u>		
The Articles of Organization for this Limited Lial Florida document number L21000481140	bility Company	were filed on11/10/2021	and	d assigned	l
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and end with the wa	ords "Linuted Liabi	lity Company," the designation "LI	.C' or the abbreviati	on "L.L.C."	<del></del>
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		15901 COLLINS AVE			
		SUITE 3701			
		SUNNY ISLES, FL 33160			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		15901 COLLINS AVE			
		SUITE 3701			
B. If amending the registered agent and/or registered agent and/or the new registered offi	ce address here		ls, enter the na	2022	oc new
	15901 COL	LINS AVE SUITE 3701	1.1	MAY	
New Registered Office Address:			5 ;		
	SUNNY ISL	.ES, FI	lorida 33160	PH	
		City	Zip.C	odi	
New Registered Agent's Signature, if changing Re	gistered Agent:			ვ <b>5</b>	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	and complete ored agent as pegistered office thange.	performance of my duties, a provided for in Chapter 605,	nd I am familia F.S. Or, if this c hat the limited li	comply wi r with and document ability	d

Docusign Envelope ID: 1790FB63-A362-4424-B7E3-A160A0BE03CD (((H22000162786 3)))
It amending the strangers of Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

Title	Name	Address	Type of Action
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E. Effective dat	e, if other than the date of	f filing:	(optional)	
(The effective da the date this do	te must be specific, cannot be pri- cument is filed by the Florida Dep	or to date of receipt or filed date and cannot		
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	dona	Berlianshik		
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		Typed or printed name of signee	- 1	

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