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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Se Division of Cor		•	**************************************
SURIF	Gari Capital	1 Group LLC	•	
.,0036	O1.	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Gerard Gari		
			Name of Person	
		Gari Capital Group LLC		
		<u></u>	Firm/Company	······
		7901 4th Street N. Suite #3	(00)	
			Address	
		St Petersburg FL 33702		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please ea	nli:	
Alain R	odriguez		786 285-1324	
	Name o	f Person	at () Area Code Daytini	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$25	5.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION

OF

2022 APR 11 AH 6: 29

SECRETARY OF STATE

(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 Company were filed on 03/21/2022 _____ and assigned Florida document number L22000138430 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Gerard Gari Name of New Registered Agent: 7901 4th Street N, Suite # 300 New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Gari Capital Group LLC

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.

St Petersburg

steved 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

Title	<u>Name</u>	Address	Type of Action
MGR	Gerard Gari	7901 4th Street N, # 300, St Petersburg, FL 33702	= Add
			□Remove
			□Change
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	- <u>-</u>	□Remove	
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			DAdd
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		□Remove	
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			[]Add
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			[]Change
		□Add	
			Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
ie record ord is tile	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.
Dated _	April 6 . 2022 .
	Signature of a member or authorized representative of a member
	Gerard Gari Typed or printed name of signee