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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NAPEX FINANCIAL SERVICES LLC

Account Number : I20210000104 Phone : (561)305-6436 Fax Number : (561)880-9444

\*\*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 **GEMUSA IMEX LLC**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEMUSA IMEX LLC					
(Name of the Limit	ed Liability Compi (A Florida Limited	nny as it now appears on our Liability Company)	records.)	<del></del>	
The Articles of Organization for this Limited L				_ and ass	iened
Florida document number L22000234067	<del></del> -				.6
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company." the designation	n "I I C" as the abba	erdetion OT 1	
Enter new principal offices address, if applic		15051 ROYAL OAKS		eviation L.	unt.
(Principal office address MUST BE A STREE		UNIT 2305		<del></del>	2022
		NORTH MIAMI, FL 33	181	- (.,	
					<del>ان</del>
Enter new mailing address, if applicable:		15051 ROYAL OAKS I	.N	44	•J
(Mailing address MAY BE A POST OFFICE BOX)		UNIT 2305		- <u>.</u>	
		NORTH MIAMI, FL 33	181		
				: •	£
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office s is here:	address on our records,	enter the name o	f the new	register
Name of New Registered Agent:	WANDICK RI	BEIRO GUIMARAES			
New Registered Office Address:	15051 ROYAL	OAKS LN UNIT 2305			
The state of the s		Enter Florida street	address	<del></del> ,-	
	NORTH MIAM	<u> </u>	_, Florida <sup>33181</sup>		
		Ciry		Zip Code	

## 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.

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

Citic	Name	Address	Type of Action
AMBR	FWA GROUP CORPORATION	15051 ROYAL OAKS LN	<b>(</b> ∏∧33
		138FF 2305	□Renove
		NORTH MIAMI, FL 33181	□ Chunge
MGR	FILLIPE TRENTIN SILVA	15051 ROYAL ÖAKS LN	□ Add
		UNIT 2305	□Remove
		NORTH MIAME, PL 33181	<b>≡</b> Change
AGR	WANDICK R. GUIMARAES	15051 ROYAL OAKS UN	DAdd
		UNIT 2305	DRemove
		NORTH MIAMI, FL 33181	∰ Change ; ~ :
			-
			□ Change
		□Remove	
		□Remove	
			□Change

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DECEMBER 1		<u> </u>	<del></del> ·			
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