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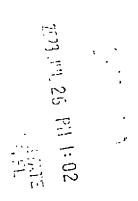
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COVER LETTER

TO:

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TO: Registratio Division of	n Section Corporations	ę!		
	HANGES LLC			
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Article	s of Amendment and fee(s) are so	abmitted for filing.		
Please return all corr	espondence concerning this matte	er to the following:		
	IRIS M BRICENO			
		Name of Person		
	GCLCHANGES LLC			
Firm/Company				
5252 NW 85TH AVE APT 1107				
		Address		
	DORAL, FL 33166			
		City/State and Zip Code		
	USTUEMPRESA@GMA	IL.COM		
re e a la como e		City/State and Zip Code IL.COM : (to be used for future annual report notification)		
	on concerning this matter, please	Call:		
IRIS M BRICENO		786 340-0372 at ()	> >	
Na	me of Person	Area Code Daytime Telephone Number) \	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)		
Division of P.O. Box	on Section of Corporations	Street Address: 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

GCLCHANGES LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears (Liability Company)	n our_records.)	
The Articles of Organization for this Limited Florida document number 1.23000222589				1 e d
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	bility company here	:	
NA				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	enation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if appli		NA	<u></u>	
(Principal office address MUST BE A STRE	ET ADDRESS)		2	•
				-
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE	BOX)		(
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our reco	rds, enter the name of the new re	egiste
Name of New Registered Agent:	NA			_
New Registered Office Address:	NA			
		Enter Florida	street address	
	NA		Florida ^{NA}	
		City	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 amendiag 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	IRIS M BRICENO	5252 NW 85TH AVE APT 1107	
		DORAL, FL 33166	■Remove
		*****	□Change
AMBR	GERMAN URDANETA	5252 NW 85TH AVE APT 1107	= Add
		DORAL, FL 33166	□Remove
			□Change
NA	NA	NA	
			☐ Change
			□ Change
NA	NA 	NA	DAdd
			□Remove
NA	NA	NA	□Add
			□Remove
			□ Change
NA	NA -	NA	□Add
			□Remove
			□Change

amending any other information					• ′	
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