133000))5511

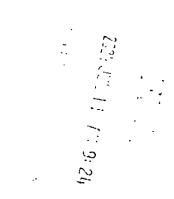
(Requestor's	Name)
(Address)	
(Address)	
(City/State/Z	p/Phone #)
PICK-UP W	/AIT MAIL
(Business Er	ntity Name)
(Document N	lumber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Offi	cer:
Mmlls	

Office Use Only



200432877602

DV11/04--01073--011 +-25.36



DocuSign Envelope ID: 16FDCD5C-0FFD-4235-AE97-413F5E4C2301 COVER LETTER

	Registration Se Division of Cor			
SUBJEC	GANABIS'	TRO LLC		
Crt. B. G. L. C.	·· ———	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		ASTRID VARGAS		
			Name of Person	
			Firm/Company	
		12236 NW 23RD PATH		
			Address	
		MIAMI, FL 33167		
		ASTRIDVARGAS@GMA	City/State and Zip Code HCOM	-
		-	to be used for future annual report notif	fication)
For turth	er information c	oncerning this matter, please co	all:	
ASTRID	VARGAS		786 418-7334	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for tl	he following amount:		
≡ \$ 25,0	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

DocuSign Envelope ID: 16FDCD5C-0FFD-4235-AE97-413F5E4C2301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANABISTRO LLC		
(Name of the Limi	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	iability Company were filed on 05/08/2	2023 and assigned
florida document number L23000225591		
This amendment is submitted to amend the fol	lowing:	
a. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation, "LLC."
		igati Cag
Inter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
•		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	
 If amending the registered agent and/or igent and/or the new registered office addr 		rds, enter the name of the new register
gent and/or the new registered office addre	ess nere.	
Name of New Registered Agent:	ASTRID VARGAS	
New Registered Office Address:	12236 NW 23RD PATH	
new negisiered Office Address.	Enter Florida :	street address
	MIAMI	Florida ³³¹⁶⁷
	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

DocuSign Envelope ID: 16FDCD5C-0FFD-4235-AE97-413F5E4C2301 11 amending Authorized rerson(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	ESMERALDA VARGAS	1150 NW 72ND AVE SUITE 160	□ Add
		MIAMI, FL 33126	≣Remove
			□Change
MGR	MAYLING OJEDA	12236 NW 23RD PATH	■Add
		MIAMI, FL 33167	Remove
		 	
			□Add
			□Remove
			☐ Change
			
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

DocuSign Envelope ID: 16FDCD5C-0FFD-4235-AE97-413F5E4C2301

41 M Tr				
				
				
		.	-	
 .		<u> </u>		
				
				
				
				
		-		
·		<u> </u>	<u>.</u> .	
		-		
fective date, if other than the dan effective date is listed, the date must be	ate of filing:		(optional)	
an effective date is listed, the date must bote: If the date inserted in this bloc	se specific and cannot be p ik does not meet the ap-	rior to date of filing or mor plicable statutory filing	e than 90 days after filing.) Pursu requirements, this date will n	iant to 605.0207 or be listed as
ocument's effective date on the Dep	artment of State's reco	rds.	•	
record specifies a delayed effective of is filed.	date, but not an effectiv	e time, at 12:01 a.m. or	the earlier of: (b) The 90th	day after the
ated	2024	·		
	mka			
s	ignature of a member or a	uthorized representative o	f a member	

Filing Fee: \$25.00