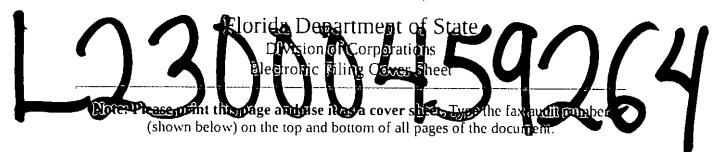
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

F.rom:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

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9894	JANSE TALL

Enter the email address for this business entity to be used for future nnual report mailings. Enter only one email address please.

mail Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GATTA MAZZEO GROUP LLC**

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M. SOLOMON

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6/5/2024 09:46:59 PDT 1

1.

To: 18506176383

Page: 2/4

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records	.)
The Articles of Organization for this Limited Liability Company Florida document number L23000459264	were filed on 10/04/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	245 NE 14th St.	<i>≥ c</i> · · ·
(Principal office address MUST BE A STREET ADDRESS)	3404	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Miami, Florida 33132	(g) = 1
Enter new mailing address, if applicable:	245 NE 14th St.	
(Mailing address MAY BE A POST OFFICE BOX)	3404	
<u> </u>	Miami, Florida 33132	
agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
New Registered Agent's Signature, if changing Registered Agent:	,	77 44
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and T.S. Or, if this document i
If Char	nging Registered Agent, Signature of	New Registered Agent

6/5/2024 09:46:59 PDT

To: 18506176383

Page: 3/4

Fax: 8134365206

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
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e: If the date inserted in the	must be specific and cannot be prior to date of is block does not meet the applicable state. Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.02 tutory filing requirements, this date will not be listed
cord specifies a delayed effor filed.	ective date, but not an effective time, at 1	2:01 a.m. on the earlier of; (b) The 90th day after the
	2024	
ed June 5	· · · · · · · · · · · · · · · · · · ·	
ed June 5 Relation	2024 L-1/L-1/ Signature of a member or authorized re	