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(Requestor's Name)
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SECTION DE STATE

COVER LETTER

TO: Registration Se Division of Cor						
OVD 100T	GANBARIYA I	LC				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	DIAZ FERNANDEZ, ANTONIO J					
		Name of Person				
		GANBARIYA LLC				
		Firm/Company				
	1300	PONCE DE LEON BLVD # 712				
		Address				
	Co	ORAL GABLES, FL 33134				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further information c	oncerning this matter, please c	all:				
Name o	f Person	at (
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		Street Address: Registration Section Division of Corporations				
Mailing Address: Registration Section		Street Address: Registration Section Division of Corporations				
Division of Corporations						
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee				
·		Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GANBARIYA LLC				
(Name of the Limited Liability Compar (A Florida Limited L	y as it now apperiability Company	ars on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on _	05/30/2024	and assigned	
Florida document number <u>L24000247578</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company l	<u>here</u> :		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LLC" or the	abbreviation "L.L.C."	
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)			****	
	4.4847977			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, enter the na	me of the new registered	
Name of New Registered Agent:				
New Registered Office Address:	Enter F	lorida street address		
	, Florida			
	City	, 1 1011du _	Zip Code	
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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	of my duties, and I ar Chapter 605, F.S. C	n familiar with and r, if this doçument is	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DIAZ FERNANDEZ, ANTONIO J	1300 PONCE DE LEON BLVD 712 CORAL GABLES, FL 33134	⊠Add
			□Remove
			□Change
····			□Add
			□ Remove
			□Change
-			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			SE STATE TO
			Grange T
			TETAN OF STATE
			TH 37 □Remove
			□Change

). If amen	ding any other infor	mation, enter cl	nange(s) here:	(Attach addit	ional sheets, if i	necessary.)	ı	
								
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(If an effec Note: If	e date, if other than tive date is listed, the date the date inserted in thi it's effective date on th	must be specific and s block does not n	I cannot be prior to neet the applical	o date of filing or ble statutory fili	more than 90 days	optional) after filing.) l , this date w	Pursuant to rill not be	o 605.0207 (e listed as th
the record	specifies a delayed effe f.	ctive date, but not	an effective tim	ne, at 12:01 a.m	. on the earlier o	f: (b) The	90th day	after the
Dated _	July 8		2024	<u>)</u> .				12 אטע 12
_				\mathcal{I}			RY OF	12 PM
	<u></u>	Signature of a	member or author	ized representati	e of a member		FISTAL	-
			PEREZ, JO	OSE I				37

Filing Fee: \$25.00