L14 CCCQ 18826

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02/08/21--01023--009 **25.00

S. YOUNG



COVER LETTER

GV Enter	prise Group LLC	•				
SUBJECT: Name of Limited Liability Company						
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	pondence concerning this matter	to the following:				
	Miguel Beniquez					
		Name of Person				
	GV Enterprise Group LLC					
	Firm/Company					
	3012 Lakes Crest Ave.					
		Address				
	ST. Cloud, FL 34772					
		City/State and Zip Code	······································			
	gventerprisegrouplle@gmai	Leom to be used for future annual report not	fication)			
For thether information	concerning this matter, please of	•	The action of			
	concerning this matter, piease e					
at ()		at ()	<u>.</u>			
Name	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for	the following amount:					
□ \$25.00 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:		Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

GV Enterprise Group LLC			
(Name of the Lam	ted Liability Compa (A Florida Limited)	ny as it now appears on our i Liability Company)	records.) 52
The Articles of Organization for this Limited I. Florida document number 1.14000018826 This amendment is submitted to amend the fol	and assigned to the control of the c		
A. If amending name, enter the new name o	of the limited liab	ility company here:	<u>မှ</u>
AGV Enterprise Group LLC			
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:		3012 Lakes Crest ave.	
(Principal office address MUST BE A STREI		ST. Cloud, FL 34772	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3012 Lakes Crest ave. ST. Cloud, FL 34772	
B. If amending the registered agent and/or agent and/or the new registered office addre	ss here:		enter the name of the new registere
Name of New Registered Agent:	Cynthia I. Rodriguez		
New Registered Office Address:	3012 Lakes Cro		
		Enter Florida street d	uddress
	Saint Cloud		_, Florida ³⁴⁷⁷²
		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.

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>	Name	Address	Type of Action
		 	□Add
			□Remove
			□Change
	 		□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			C) ('borous

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. February 01 Dated ___ 2021 Signature of a member or authorized representative of a member Miguel Beniquez Typed or printed name of signee

Filing Fee: \$25.00