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C/ 8/12/2025

COVER LETTER

TO: Registration Se Division of Cor			
GEM ALL	IANCE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOURDES G OCAMPO		
		Name of Person	
	GEM ALLIANCE LLC		
		Firm/Company	
	5825 COLLINS AVE #3D		
		Address	<u></u>
	MIAMI BEACH, FL 33 I-	10	
		City/State and Zip Code	
	GEM.ALLIANCE.LLC@C		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	attreation
LOURDES G OCAMPO	•	786 290-6091 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	ontion.
Registration 9 Division of C		Registration S Division of Co	
P.O. Box 632	=	The Centre of	Tallahassee
Tallahassee.	FL 32314	2415 N. Monr	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEM ALLIANCE LLC		****	1:01
(<u>Name of the Limited Liability (</u> (A Florida L)	Company as it now appea mited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited Liability Con	npany were filed on _	06/17/2021	and assigned
orida document number <u>L21000282909</u>			
nis amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the limited</u>	d liability company h	ere:	
e new name must be distinguishable and contain the words "Limitec	1 Liability Company," the	designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable:			
rincipal office address MUST BE A STREET ADDRES	<u> </u>		
			
nter new mailing address, if applicable:		<u> </u>	
lailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered o tent and/or the new registered office address here:	ffice address on our 1	ecords, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Flo	rida street address	
	City	Florida	Zip Code
	c tiv.		Ziji Cikie

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 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

A	MBR	=	Authorized	Member

<u>Title</u>	Name Name	<u>Address</u>	Type of Action
AMBR	LOURDES G OCAMPO	5825 COLLINS AVE 3D MIAMI BEACH FL 33140	= Add
			Remove
			□Add
			□Remove
			⊡Add
			□Remove
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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<u> </u>	
Effective da	ate, 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 (, 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.
	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
MAY	201H 2025
Dated	
	Elupo L
_	Signature of a member or authorized representative of a member
ı	ERNESTO M OCAMPO
_	Typed or printed name of signee