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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name	e)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	FCT.	Goods Ca	ring Gifts LLC	•
SUBM	r.C1.		ited Lability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		<u>Gasta</u>	ON Oregoire Name of Person	
		Gods	COVING GIFTS LLC Film/Company	
		8730 SW 1	ZH St	
			Address	
		fembrore t	Pines, Fl 33025	
			City/State and Zip Code	
		gods	Caring gifts @ gmail to be used for future annual report no	1. COM
			•	tification)
For fur	rther information co	oncerning this matter, please c	all:	
(70	aston Gred	goile	at (<u>305)</u> <u>332 - 4</u> Area Code <u>Daytir</u>	1829
	Name of	Person	Area Code Daytii	ne Telephone Number
	•	ne following amount:		
ð₹\$2	5.00 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:	aatium
	Registration SDivision of C		Registration Se Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, F	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Gods Coving Git	ts LLC
(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000 29 2088</u> .	y were filed on $6/23/2021$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	Gods Coring GILTS LLC 8403 Pines BIND #1165 ~
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	Pembroke Pines Fr. 33024. 8403 Pines Blid #1165 ? Pembroke Pines Fr. 33024.
agent and/or the new registered office address here:	address on our records, enter the name or the new registers
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
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

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	Cabnel X Gregoire	8730 SN 1249 St.	□Add
	J	8730 SN 1240 St. Pembloke Pines, Fz 33025	Remove
			□Change
			□Add
			Remove-
			Change 5
			Add 3c □ Add ∴ □ Remove
			□Change
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an effective date is ote: If the date	Tother than the oblisted, the date must inserted in this blo ive date on the De	be specific and ck does not n	cannot be prior neet the applic	able statutory fi	more than 90 days		
record specifies is filed.	a delayed effective	date, but not	an effective ti	me, at 12:01 a.n	n. on the earlier o	f: (b) The 90t	th day after the
ated NOVE	mper 16	/ 7	2021	<u></u> ·			
 -		Signature of tri	yeyhbet or authy	hrized representat	ve of a member	<u></u> .	<u></u>
		<u>'</u>	!/ V				