

121 000520279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

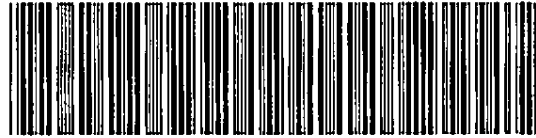
(Business Entity Name)

(Document Number)

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12/22/21--01010--019 **60.00

A. BUTLER

JAN 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: gsi 360 global, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELIZABETH CHAIDEZ
Name of Person
gsi 360 global, LLC
Firm/Company
7887 TARABILLA AVE
Address
NORTH PORT, FL. 34291
City/State and Zip Code
BETTYCHAIDEZ @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH CHAIDEZ at (773) 677-7790
Name of Person Area Code Daytime 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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

GIS 360 GLOBAL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/9/2021 and assigned Florida document number L21000520279

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GIS 360 GLOBAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7887 TARABILLA AVE
NORTH PORT, FL 34291

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7887 TARABILLA AVE
NORTH PORT, FL 34291

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ELIZABETH CHAIDEZ

New Registered Office Address:

7887 TARABILLA AVE

Enter Florida street address

NORTH PORT, Florida 34291

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.

Elizabeth Chandez

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

Title Name Address Type of Action

AMBR ELIZABETH CHAIOEZ 7887 TARABILLA AVE Add
NORTH PORT, FLORIDA 34291 Remove
_____ Change

AMBR MICHAEL A. JONES 7887 TARABILLA AVE Add
NORTH PORT, FLORIDA 34291 Remove

_____ Change

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