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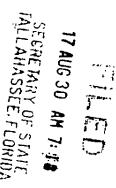
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## **COVER LETTER**

TO:	egistration Section vision of Corporations	
	GEMINI ACQUISITIONS, LLC	
SUBJE	Name of Limited Liability Company	
The enc	ed Articles of Amendment and fee(s) are submitted for filing.	
Please r	rn all correspondence concerning this matter to the following:	
	GEMINI ACQUISITIONS, LLC	
	Name of Person	<del></del>
	Firm/Company	
	1314 E LAS OLAS BLVD #607	
	Address	
	FORT LAUDERDALE, FL 33301	
	City/State and Zip Code	<del></del>
	BUYITNOW954@GMAIL.COM  E-mail address: (to be used for future annual report notification)	
For furt	information concerning this matter, please call:	
( )	harp Burdolle a1984, 228-5	588
	Name of Person Area Code Daytime Telephon	e Number
Enclose	s a check for the following amount:	
<b>■</b> \$25	Certificate of Status 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/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEMINI ACQUISITIONS LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L15000105191	lity Company were filed on 06/18/2015	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, <u>er</u> e <u>address here</u> :	nter the name of the n
New Registered Office Address:	Enter Florida street address	MO R
		D SIA L'OR
-	, Florid	a Vin Orde

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
AMBR	ANNA DIAMOND	1314 E LAS OLAS BLVD #607 Fl Lguderdal FC 33301	<b>⊟</b> Add
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an effective date is listed, ote: If the date inserte	the date must be speci	ific and cannot b	e prior to date of	f filing or more th	nan 90 days after f	iling.) Pursuar	nt to 605.0 The listed
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Filing Fee: \$25.00