L17000042344

(Requestor's Name)	
(Address)	4003
(Address)	
(City/State/Zip/Phone #)	09/27/
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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J. HARRIS

COVER LETTER

TC	P: Registration Sec Division of Corp			
en		rt Gediman LLC		
30	ВЈЕСТ:	Name of Lim	ited Liability Company	
The	e enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Ple	ase return all correspor	ndence concerning this matter	to the following:	
			Robert Gediman	
			Name of Person	
		R	obert Gediman LLC	
			Firm/Company	
			1947 Pierce Sreet	
			Address	
		I	Hollywood, Fl 33020	
			City/State and Zip Code	
		-	paint17@yahoo.com to be used for future annual report notifi	
			·	canon)
Foi	r further information co	ncerning this matter, please ca	all:	
	Robert Ged	man	786 318-9126	
	Name of	Person	at () Area Code Daytime	Telephone Number
Ene	closed is a check for th	e following amount:		
8	\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com					
(A Florida Limited	рапу as it now appe d Liability Company	ars on our records.)			
ne Articles of Organization for this Limited Liability Compan	ny were filed on _	02/22/2017	a	nd ass	igned
orida document number L17000042344					
is amendment is submitted to amend the following:					
If amending name, enter the new name of the limited lia	<u>ıbility company l</u>	nere:			
e new name must be distinguishable and contain the words "Limited Lial	bility Company." the	designation "LLC" or	the abbreviat	lion "L.	L.C."
nter new principal offices address, if applicable:					
rincipal office address MUST BE A STREET ADDRESS)			≛	281	
				33	432
			1	70	Filtotr
				27	<u> </u>
iter new mailing address, if applicable:			- ::-	ΞĚ	<u> </u>
failing address MAY BE A POST OFFICE BOX)		<u> </u>			
				- 13	
	-	<u></u>			

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	Robert Gediman	1947 Pierce Street Hollywood Fl 3:	■ Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			O'Add
			1
			□ Change
			□ Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essury.)
	
	
	<u>-</u>
	
	_
Cffective date, if other than the date of filing:	onal) filing.) Pursuant to 605.0 s date will not be listed
e record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the earlier
pated	
	29 <i>H</i>
	:- #1 ::
Signature of a member or authorized representative of a member	
Robert Gediman	7
Typed or printed name of signee	- ວ
	: 5

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Filing Fee: \$25.00