## 

(Re	equestor's Name)	_
(Ác	ddress)	
	1-1>	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	
		]





10/02/23--01026--013 \*\*25.00







October 14, 2023

NICOLA UBALDINI (Manager) 5020 W. LINEBAUGH AVE. SUITE 100 TAMPA, FL 33624

SUBJECT: G N ENTERPRISES, L.L.C.

Ref. Number: L03000005048

We have received your document for G N ENTERPRISES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

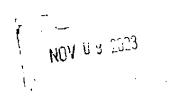
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott Supervisor

Letter Number: 323A00023860



RECEIVED

## **COVER LETTER**

FO: Registration S Division of Co				
	orises. LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles o	Amendment and fee(s) are sub-	nitted for filing.		
	ondence concerning this matter			
	Nicola Ubaldini 🍃 🛏 🖯	R		
•		Name of Person		
	GN Enterprises, LLC			
	<del></del>	Firm/Company		01VI 202
	5020 W. Linebaugh Ave. S	Suite 100		SECRETARY DIVISION OF CO
		Address		25 A S
	Tampa, FL 33624			ORPOS PM
	nikkiu@kw.com	City/State and Zip Code		2023 NOV 20 PM 3: 26
	E-mail address: (	to be used for future annual report noti	ication)	φ, ,,
For further information	concerning this matter, please c	all:		
Gary Ubaldini		727 772-5600 at ()		
Name	of Person	Area Code Daytim	e Telephone Number	_
Enclosed is a check for	the following amount:			
⊠ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop tadditional copy	Status & y
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GN Enterprises, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number L03000005048	iny were filed on 12/10/2003	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address bere:	ce address on our records, <u>enter the</u>	7
agent and/or the new registered office address here:		10HS
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	, Florid	a
<del>-</del>	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.

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
A <del>si. See</del> . AMBR	Cecilia Lamardo	5703 Tortoise Place	
		Apollo Beach, FL 33572	□Remove
			□Change
			□Add
			□Remove
		<u></u>	Change
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			PROPERTY OF CORPORATION OF THE C
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ective date, if other than the date of filing:			(optional)	
n effective date is listed, the date must be specific and co te: If the date inserted in this block does not me	et the applicable sta	of filing or more than 90 di tutory filing requireme	ays after filing.) Pur nts, this date will	suant to 605.0201 not be listed as
cument's effective date on the Department of Sta	e's records.			
cord specifies a delayed effective date, but not a s filed.	effective time, at 1	2:01 a.m. on the earlie	r of: (b) The 90	th day after the
27th day of September	2023			
	() L' L	•		
Signature of the	mber or authorized re	presentative of a member		
J. J	most of admontred to	presentative of transmitted		