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(Re	equestor's Name)	
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C. BRUMBLEY
DEC 20 2021

COVER LETTER

Division of Corp	orations		
SUBJECT: GES			
	Name of Limi	ted Liability Company	•
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	•
Please return all correspon	dence concerning this matter t	to the following:	2021 0F7 15 AM 10: 56
	ALEX NAHA	Name of Person	
	- Jun	Firm/Company	
	1212 NW 8	BEND ALE Address	
	borac h	28126 City/State and Zip Code	
	ALEXNAHA BET E-mail address: (t	DAN @ GMAIL. Co be used for future annual report n	OM_ otification)
For further information co	ncerning this matter, please ca	ıll:	
ALEX NAME of	ABETIAN Parson	at (786) <u>27</u> Area Code Days	19831 ime Telephone Number
Name of	i Cison	, in the court	
Enclosed is a check for the	e following amount:		
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

(<u>Name of the Limited Liah</u> (A Flor	nility Compa ida Limited	<u>any as it r</u> Liability (iow appears on Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>L030001628</u>		v were fi	led on MA	406,20	<i>0</i> 3_an	nd assigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liab	oility cor	npany here:			
The new name must be distinguishable and contain the words "L	imited Liabi	ility Comp	pany," the design	nation "LLC" or th	ne abbreviati	on "L.L.C "
Enter new principal offices address, if applicable:		12	12 NW	82NO	ANE	
(Principal office address MUST BE A STREET ADD	DRESS)	<u> D</u>	DRAL F	<u>L 3312</u>		<u> </u>
Enter new mailing address, if applicable:					DEC 14 AN 8	
(Mailing address MAY BE A POST OFFICE BOX)				P		
B. If amending the registered agent and/or register agent and/or the new registered office address here		address	on our reco	rds, <u>enter the i</u>	name of th	e new register
Name of New Registered Agent:	AOG	INTE	EGRAL	SERVI	005	Lec
New Registered Office Address:	212 1	NW	BAND Enter Florida	AVE street address		
	DORP	} L		, Florida	3 <u>3</u>	196 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 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
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Note:	we date, if other than the date of filing:
the record cord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	NOVEMBER 15 2021
	NOVEMBER 15 DED1. Therefore under Signature of a member or authorized representative of a member.
	Herran Echen Typed or printed name of signee