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T. LEWIEUX

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

EDIFY LL SUBJECT:	С			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	GLENN GOPMAN			
	MIAMICPA LEC	Name of Person		
	16855 NE 2ND AVE STE	Firm/Company 303		
	NORTH MIAMI BEACH,	Address FL 33162		<u> </u>
	glenn@miamicpa.com	City/State and Zip Code		
For further information of	E-mail address: (concerning this matter, please ex	to be used for future annual : all:	report notificati	on)
GLENN GOPMAN		305 466	5-9772	
Name c	of Person	Area Code	Daytime Tel	ephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Regist Divisio	JNG ADDRESS: ration Section on of Corporations tox 6327	Registrati	(/COURIER / ion Section of Corporation uilding	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDIFY LLC

FILED

	Emited Liability Company) 2019 RV6 16	35
The Articles of Organization for this Limited Liability C Florida document number $\frac{1.04000017602}{1.04000017602}$	ompany were filed on 02/23/2004 TARY OF STA	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
GELSUB LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	·	name of the n
None Busintana I Office Address.		
New Registered Office Address:	Enter Florida street address	
	Florida	
-	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 Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Remove
			Change
			
		□ Remove	
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Effecti If an effi	AUGUST 15, 2019 ve date, if other than the date of filing:
Note:	ent's effective date on the Department of State's records.
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Filing Fee: \$25.00