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DEC -7 2019

COVER LETTER

TO:		istration Sec sion of Corp			
aun in	~~	GIOCHES I	LLC		
SUBJE	CI:		Name of Lim	ited Liability Company	
			Amendment and fee(s) are sub-	·	
Please n	eturn	all correspoi	ndence concerning this matter	to the following:	
			RONETTE LOUNDS		
			 _	Name of Person	
			GIOCHES LLC		
			_	Firm/Company	· · · · · · · · · · · · · · · · · · ·
			1468 BITTERBERRY DR	IVE	
				Address	
			ORANGE PARK		
			FLORIDA 32065	City/State and Zip Code	
			E-mail address: (to be used for future annual report notifi	cation)
For furth	her in	formation co	oncerning this matter, please ca	all:	
RONET	TTE L	OUNDS.		904 4149697 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a	check for th	c following amount:		
□ \$2 5.	.00 Fi	ling 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

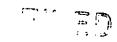
TO:

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



GIOCHES LLC		2019 NOV -7 AM 8: 20
(Name of the Limited Liab (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regressered agent and/or the new registered office ac		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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, 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>	<u>Address</u>	Type of Action
MGR	BRYON TEAL	1468 BITTERBERRY DRIVE	■ Add
		ORANGE PARK	Add
			□ Remove
		FLORIDA 32065	☐ Change
			Pemove
			Change
			
			☐ Remove
			Change
		<u> </u>	Add
			Remove
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<u>Note:</u>	tive date, if other than the data fective date is listed, the date must be. If the date inserted in this block ment's effective date on the Depar	does not meet the applic	cable statutory filing req	(optional) an 90 days after filing.) Pursuant uirements, this date will not b	to 605.0207 (oc listed as t
	cord specifies a delayed ef e 90th day after the record		ot an effective time	at 12:01 a.m. on the o	earlier of:
Dated	NOVEMBER 5	2019			
Juilu		,			
		4 C	orized representative of a r		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00