## 109000005595

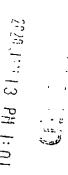
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. GOLDEN FEB 11 2020

## **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	Y INNOVATIONS "LLC"		
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:	
	STEPHEN C. GANS		
		Name of Person	
		Firm Company	
	5028 LAKE OVERLOOK	AVE	
		Address	<del></del>
	BRADENTON, FL 34208		
		City/State and Zip Code	
	ROBERT@WELLENCPA	COM to be used for future annual rep	
			ori notification;
For further information c	concerning this matter, please c	all:	
STEPHEN C. GANS		813 514-7	
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
<u>Mailing Addre</u> Registration		<u>Street Addi</u> Registrati	ess: on Section
Division of C			of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATHWAY INNOVATIONS "LLC" (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/20/2009}{1}$ \_\_\_\_ and assigned Florida document number L09000005595 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GANS FAMILY HOLDINGS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
			🗀 Add
			Remove
			TChange
			□Add
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			□Change
			□Add
			□Remove
			□Remove
			UChange
			□Remove
			Change

If amending any other information					
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Effective date, if other than the difference date is fisted, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot k does not meet the	be prior to date of fi applicable statut	ling or more than 90 c ory filing requireme	_ (optional) lays after filing.) Pursu ents, this date will n	ant to 605.0207 (3 of be listed as th
ne record specifies a delayed effective ord is filed.	ate, but not an effe	ective time, at 12:0	01 a.m. on the earli	er of: (b) The 90th	day after the
Dated	2020	)			
Si	gnature of a member	or authorized repre	sentative of a membe	г	
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