L10000009297

(Requestor's Name)	_
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(Business Entity Name)	_
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6/24/20

COVER LETTER

Registration Section

Division of Corporations

TÖ:

CUDICT.	IST SI	ECURE IT 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	ndence concerning this matter	to the following:	
		ELMER GARRASTAZU	
		Name of Person	
		IST SECURE IT LLC	
		Firm/Company	
		PO BOX 365051	
		Address	
	San Ju	uan, Puerto Rico 00936-5051	
		City/State and Zip Code	
	_	arrastazu@gmholdings.com	
	E-mail address: (to be used for future annual report	notification)
For further information e	oncerning this matter, please c	all:	
ELMER GA	ARRASTAZU	787 at ()	313-6620
Name o	f Person	Area Code Day	ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
Mailing Address Registration of Control Box 631 Tallahassec.	Section Corporations 27	The Centre of	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RE IT LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
he Articles of Organization for this Limited Liability Company	v were filed on	1/26/2010		and a	ssigned
Torida document numberL10000009297					
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited lial	oility company he	re:			
GM Sected US	A, LLC				
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	esignation "LLC" (or the abbr	eviation "	L.L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)		N/A	رن ۱۹۲۹ اکست	2020	
				JU .	T.
			三方	-8	
Enter new mailing address, if applicable:			SS	<u>→</u>	
Mailing address MAY BE A POST OFFICE BOX)		N/A	Tr.	-E	0
			Z.A.	=	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:		N/A	ie name	of the no	ew regis
New Registered Office Address:		N/A ida street address			
	N/A				
	City	, Flor	ida	N/A 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>	Address	Type of Action
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			□Remove
			□Change
N/A			22 23 Add
			AR URemove
			JUN TI ALL ANASSEES AND Challed
N/A			2020 JUN UR AND Charles TALL AHASSEE, FL
			□Remove
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effective date	is listed, the date must	be specific and	d cannot be	prior ω d	ate of filing	or more than	i 90 days at	ter filing.) i	ursuant to	o 605.0207
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cord specifie	es a delayed effective	date, but not	t an effect	tive time.	at 12:01 a	.m. on the	earlier of:	(b) The	90th day	after the
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Typed or printed name of signee