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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	GMITB =	INFOTECH LLC	
		ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MASEEDA	Pascoloo	
		Name of Person	
	GMIIT		
		. Firm/Company	
	1057 COR		
		Address	
	CORAL SP	PINGS FL 33071	
		PINGS FL 33071 City/State and Zip Code	
	aksi	ingh 01 @ gmail. (Eem PS PS
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	all:	SEGRE TARY APILAHASSE
MAJTEEDA	PANCHOO	at (202) 321 9	()
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		Ser of
\$25.00 Filing 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)
	LING ADDRESS: tration Section	STREET/COURIED Registration Section	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMIITS IN		-			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now ap mited Liability Compa	pears on our records.) ny)			
The Articles of Organization for this Limited Liability Co	mpany were filed on	4/20/2016	2 and a	ssigned	1
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company	<u>here</u> :			
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Co	ompany," the designation	"LLC" or the	e abbrev	viation
Enter new principal offices address, if applicable:		•		3 2	
(Principal office address MUST BE A STREET ADDRI	<u> </u>		<u> </u>	開研	
			±m >=	_<	- cristical
Enter new mailing address, if applicable:			AY OF	29 🎮	17
(Mailing address MAY BE A POST OFFICE BOX)			STATE	<u>ယ</u> -	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		on our records, <u>ente</u>	r the name	of the	е печ
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida street d	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Address Type of Action Title** <u>Name</u> ☐ Add □ Remove ☐ Add ☐ Remove ☐ Add Remove □Add D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member YANCHOO

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00