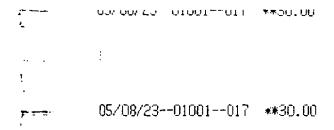
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COVER LETTER

TO:	Registration Se Division of Cor		•	
erin n	GESA II LI	.c		
SUBJI	EC1:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		GISELA PARRA		
			Name of Person	
		GESA II LLC		
		 -	Firm/Company	
		6220 NW 77TH TER		
			Address	
		PARKLAND, FL 33067		
			City/State and Zip Code	······································
		GISELAPARRA66@GMA	IL.COM to be used for future annual report no	tification)
For fu	rther information c	oncerning this matter, please c	<u>-</u>	unouton)
GISEI	LA PARRA		561 862-3200 at ()	
	Name o	f Person		me Telephone Number
Enclos	sed is a check for the	ne following amount:		
□ \$ 2	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)
	Mailing Address Registration S		Street Address: Registration S	ection
Division of Corporations		Division of Co	orporations	
	P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GESA II LLC

2023 /: / -5 PM 12: 47

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ________ and assigned Florida document number L13000017824 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." GISELA PARRA Enter new principal offices address, if applicable: 114 N BEACH RD (Principal office address MUST BE A STREET ADDRESS) HOBE SOUND, FL 33455 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 _, Florida _

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.

City

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
AR	CARLOS E MARQUEZ	6220 NW 77TH TER	= Add
		PARKLAND, FL 33067	□ Remove
			Change
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an effective date is listed, the date must be specific and canno ote: If the date inserted in this block does not meet the	t be prior to		r more than 9) days after fi	ling.) Purs		
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record specifies a delayed effective date, but not an eff l is filed.	iective time	e, at 12:01 a.:	m. on the ea	rli e r of: (b)	i ne yut	h day ai	ner the
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