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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GAM PARTNERS LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GAM Partr			
(Name of the Limited Lia (A Flo	nbility Compan orida Limited Li	v as it now appears on o ability Company)	ur records.)	
The Articles of Organization for this Limited Liabili	ty Company v	were filed on April 11	, 2013	_ and assigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabil	lity company here:		
The new name must be distinguishable and contain the words	Limited Linbili	ty Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET Al	DDRESS)	4660 SW Ardsl	ey Drive	
		Stuart, Florida	34997	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4660 SW Ardsley Drive Stuart, Florida 34997		
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office a re:	ddress on our record	is, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:	Capitol Corpo	orate Services, Inc.		
New Registered Office Address: 515 E. Park Avenue., Floor Enter Fin		Avenue., Floor 2 Enter Florida st	reet address	
T	allahassee		, Florida <u>323</u>	01
-	"	City		Zip Code
New Registered Agent's Signature, if changing Regi-	stered Agent;			
				1 -41 -4

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.

Kim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

2023 AUG 17 AH 8: 59

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>l'itle</u>	<u>Name</u>	Address	Type of Action
MGRM_	AJAY Development Group, LLC	975 NW Flagler Avenue, Apt. 305	□Add
		Stuart, Florida 34994	⊠ Remove
			Change
AMBR	One on One Family Trips, LLC	4660 SW Ardsley Drive	□Add
		Stuart, Florida 34997	[]Remove
			ZChange
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			ClChange
			□Add
			□Remove
			□Change

ri attivil	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
he record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	August 16 . 2003

Filing Fee: \$25.00