# L17660689718

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### **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Name of Limited	tions Flord Liability Company	sida, LLC
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
0SC25	Platous	2
Oakleaf	Name of Person  Firm/Company	unzement
708 Mane	itee Avenue	e Ext
Bradent	Address  ON FL 3	4208
0202 NG	City/State and Zip Code  City/State and Zip Code  Decreased for future annual report notifications	J/ COM
For further information concerning this matter, please call	:	
DSCAN PLATONIS	at (941) 882.	- 2989
Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$\sum \text{Square} \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

GIODO Solutions Florida, (LC)

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

(A Florida Limited Liability Company)

<u>61000, 0010</u>	10x72 L 10215	<u> </u>
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number 41300089718	1	3 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited I.	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ente</u> ere:	r the name of the nev
Name of New Registered Agent:		_ :=
New Registered Office Address:		
	Enter Florida street address	\$ 5
	, Florida _	(C) Code
New Registered Agent's Signature, if changing Registered Ager	•	Zip Code
		en e
l hereby accept the appointment as registered agent and a	gree to act in this capacity. I further a	gree to comply with the

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title 161211	Name Platone, Oscas	Address  115 Alspost Are 8, #4 DAdd  Venice FL 34285 De Remove
<del></del>		□ Add
		Add Remove
<u></u>		Add

If amending any other information, enter change(s) here: <i>(Attach a</i>	dditional sheets, if necessary.)
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cathe date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
Dated $8/11/201$ ,	
Signature of a member or authorized represen	tative of a member
Platone Oscas	
Typed or printed name of sign	nee

Page 3 of 3

Filing Fee: \$25.00

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