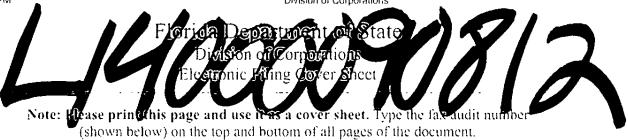
Division of Corporations



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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : I20140000084

Phone : (305)527-6617

Fax Number

: (786)713-1940

\*\*Enter the email address for this business entity to be used for intrure annual report mailings. Enter only one email address please to Email Address:

				••
Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GG&SONS GROUP, LLC

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GG&SONS G	ROUP, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our reco Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L14000090812}{L14000090812}$ .	were filed on 06/05/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14334 Biscayne Blvd		
Principal office address MUST BE A STREET ADDRESS)	North Miami, FI 33181		
	<u></u>	024 OCT	
Enter new mailing address, if applicable:	14334 Biscayne Blvd	22 2 =	
Mailing address MAY BE A POST OFFICE BOX)	North Miami, Fl 33181		
		A X X	
B. If amending the registered agent and/or registered office	address on our records, <u>ent</u>	er the name of the new registe	
agent and/or the new registered office address here:			
No. 10 No			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street add	·	
	Enter Frortale So Cel Galaress		
<del></del>	, Florida		
	•	ng Can	
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agrowsisions of all statutes relative to the proper and complete	we to act in this capacity. I	further agree to comply with	
provisions of an standes relative to the proper and complete (weept the obligations of my position as registered agent as ,			
peing filed to merely reflect a change in the registered office			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
MGR	GLORIA STAFFORINI	14334 BISCAYNE BLVD	<b>X</b> )Add
		NORTH MIAMI, FL 33181	□ Remove
			Change
MGR	GUILLERMO D'ANDREA	14334 BISCAYNE BLVD	□Add
		NORTH MIAMI, FL 33181	□Remove
			🖾 Add
			□Kemove
			☐ Change
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Charing data if athor than the	late of Glina		(aptional)	
ffective date, if other than the comment and effective date is listed, the date must total. If the date inserted in this blook ocument's effective date on the Department.	ck does not meet the applica	ible statutory filing req	an 90 days after filing.) Pursuan airements, this date will not	it to 605.0207 (3 be listed as th
record specifies a delayed effective Lis filed.	date, but not an effective th	me, at 12:01 a.m. on the	; carlier of: (b) The 90th d	ay after the
ated OCTOBER 9TH	2024			
	·	- M	'e	
		المرمد والمستحكا	-	

Typed or printed name of signee