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## **COVER LETTER**

Registration Section Division of Corporations

TO:

GEF ONE SUBJECT:	LLC	_	
SOBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DROR ADAM		
		Name of Person	· <del></del> -
		Firm/Company	<del></del>
	1423 SE 10TH STREET, S		
	CAPE CORAL, FL 33990	Address	
	droradam01@gmail.com	City/State and Zip Code	ori Kanton)
For further information c	oncerning this matter, please ca	·	эннеанон
DROR ADAM		239 573-8667	
Name o	f Person	at () Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roc Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	ity Company as it now appears on a	our records )	
(A Florid	ity Company as it now appears on c a Limited Liability Company)	MI TCOIOS.	
The Articles of Organization for this Limited Liability Organization for this Liability Organization f	Company were filed on $\frac{08/15/20}{-}$	014	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ntion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		2020
			HA ST
Enter new mailing address, if applicable:		MULINES SE	20 P
(Mailing address MAY BE A POST OFFICE BOX)		in	2:20
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ds, <u>enter the name c</u>	of the new regis
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida sti	reet address	
		, Florida	
<del></del> -	City	, г югіца	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

CEE ONE LEO

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NAKHLE, GEORGE	17830 ENGLEWOOD DR, UNIT 14	□Add
		MIDDLEBURG HEIGHTS, OH 44130	≣Remove
			Change
			□ Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del></del>	□ Add
			□Remove

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