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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: GINGEYS BUKING CO., LIC  Name of Limited Liability Company  |  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing   |  |
| Please return all correspondence concerning this matter to the following:  |  |
| Amanda Vashnaw-Gay   |  |
| Gingers Palving Co.  |  |
| 5513 Minaret Ct.   |  |
| Ovando, Fl 32621 City/State and Zip Code   |  |
| E-mail ddress: ) to be used for future annual report notification)   |  |
| For further information concerning this matter, please call:   |  |
| FMANda Kashnay - Gay at (407) 342.4038  Name of Person Area Code Daytime Telephone Number  |  |
| Enclosed is a check for the following amount:  |  |
| \$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status |  |

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida  | y Company as a now appears on our reconcilinated Liability Company) | ords.)                             |
|--|---|------------------------------------|
| The Articles of Organization for this Limited Liability C<br>Florida document number <u>L\50000\999</u> 7  | 1 1   | and assigned                       |
| This amendment is submitted to amend the following:  |   |                                    |
| A. If amending name, enter the new name of the limi  | ited liability company here:  |                                    |
| The new name must be distinguishable and contain the words "Limi   | ited Liability Company," the designation "L                         | A.C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  |   |                                    |
| (Principal office address MUST BE A STREET ADDR  | RESS)   | •                                  |
|  |   |                                    |
| Enter new mailing address, if applicable:  |   |                                    |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |                                    |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | d office address on our records, ent                                | ter the name of the new registered |
| Name of New Registered Agent:  |   |                                    |
| New Registered Office Address:   | Enter Florida street ado  | tress                              |
|  |   | Florida                            |
|  | City  | Zip Code                           |

### 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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u>   | Name              | Address                               | Type of Action |
|----------------|-------------------|---------------------------------------|----------------|
| AMBR           | Amanda Kasmow-Gay | 5513 Minaret Ct.                      | □Add           |
|                | `                 | 5513 Minaret Ct.<br>Ovlando, FL 32621 | □ Remove       |
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|                |                   |                                       | □Add           |
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|                |                   |                                       | □ Remove       |
|                |                   |                                       | □ Chapus       |

| Change in AMBR name is due to recent marriage and subsequent name change.   |                 | hange         | ACIL                                  | MBR                                    | Nami          | is du           | e to          | recen       | May       | vicege_                               |
|---|-----------------|---------------|---------------------------------------|--|---------------|-----------------|---------------|-------------|-----------|---------------------------------------|
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|   |                 |               |                                       |  |               |                 |               |             | .=        |                                       |
|   |                 | cifies a dela | yed effective                         | e date, but no                         | ot an effecti | ve time, at 12  | 2:01 a.m. oi  | the earlier | of:(b) Th | ne 90th day a                         |
|   | <br>            | July 27       | t. 1021                               | ul_                                    | - ·           |                 |               | -           |           |                                       |
| ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a filed.  In the specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a filed.  Signature of a member or authorized representative of a member | _               |               | ]                                     | Signature of a                         | a member or   | authorized rep  | resentative o | f a member  |           |                                       |

Filing Fee: \$25.00