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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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SECRETARY OF STATE

W. HARRIS

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		rican Enterprises LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Daniel Schafer		
			Name of Person	
	Great American Enterprises LLC			
	Firm/Company			
	1949 Summer Club Dr. #313			
			Address	
		Oviedo, FL 32765		
			City/State and Zip Code	
		danieljamesschafer@yahoo	.com to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please or		(Canon)
Daniel Scha	fer		321 663-9301	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
≌ -"\$25.00·F	iling 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 Section

TO:

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 OF

Great American Enterprises LLC				
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)		_	
The Articles of Organization for this Limited Liabi		and	d assig	ned
Florida document number L16000074148	·			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liability company here:			
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviatio	n "L.L.(
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	(DDRESS)			<u></u>
		<u> </u>		
			;=	14 TH MINES
Enter new mailing address, if applicable:			`;=== 	· Zami
(Mailing address MAY BE A POST OFFICE BO.	<u></u>	<u> </u>	Φ	جريجوني
		77.00	132	111
		407 YLS	ني	
B. If amending the registered agent and/or registered agent and/or the new registered office		r the na	me_of	the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida	<u> </u>		
	City	Zip Ce	ode	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR=' Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cielo Gonzalez	340 Carina Circle	■ Add
		Sanford FL 32773	Remove
		USA	□ Change
			Remove
			☐ Change
			Add
			Remove
			□ Change
			Remove
			☐ Change
			Add 15 July 15 Add 15
			□ Remove
			Change

(A			
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Filing Fee: \$25.00