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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	GADE KA	Y,LLC		
SOBJEC	·	Name of Lim	nited Liability Company	
The enclose	sed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please reti	urn all correspo	indence concerning this matter	to the following:	
		BRICE, GARRY		
			Name of Person	
		GADE KAY, LLC		
			Firm/Company	
		15278 SW 21 PL		
		· · · · · · · · · · · · · · · · · · ·	Address	
		MIRAMAR, FL 33027		
		EMPLOYMENTOPPORT	City/State and Zip Code UNITIES7@GMAIL.COM	
			to be used for future annual report notific	cation)
For furthe	r information c	oncerning this matter, please c	all:	
BRICE, C	GARRY		786 285-6168	
	Name o	f Person		Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.00	O 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 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

2016 SEP 25 AM 11: 05

GADE KAY, LLC

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

(A Florida Limited	Liability Company)	E. FI OBLE
The Articles of Organization for this Limited Liability Companies Florida document numberL16000141037	y were filed on <u>07/27/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the	ne abbreviation "L.L.C,"
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address he		ter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I o provided for in Chapter 605, F.S.	nm familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person	(s) authorized to ma	anage, <u>enter the</u>	title, name, and	l address of eac	h person	being added
or removed from our records:	,					

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	MARIE YOLITA METELLUS	15278 SW 21 PL	■ Add
		MIRAMAR FL 33027	□ Remove
			□ Add
			□ Remove
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ective date, if other than the da n effective date is listed, the date must be	te of filing:	o date of filing or more	(optional)	Pursuant to 605.0207 (3
te: If the date inserted in this block cument's effective date on the Depa	does not meet the applica	ble statutory filing re	equirements, this date	will not be listed as th
record specifies a delayed e he 90th day after the record	ffective date, but not is filed.	an effective tim	e, at 12:01 a.m. (on the earlier of:
ed SEPTEMBER 12	, 2016	_·		
FORMAL RAIL	1			
Sign	nature of a member or author	rized representative of	a member	· 1

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