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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Gator	Girls LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Car	Name of Person	
		Firm/Company	
	3139 5	ipanish Trail	
		Back, Ft 334 City/State and Zip Code Cous @ gmail. wo to be used for future annual report no	
For further information of	concerning this matter, please ca	all:	
Caroline Name of	(SON 0) of Person	at (<u>561</u>) <u>30</u> Area Code Dayti	6-4776. Time Telephone Number
Enclosed is a check for t	he following amount:		
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fce & 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)
MAIL	ING ADDRESS:	STREET/COUI	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gator (
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears lited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>Lllo 000171647</u> .	oany were filed on	9/14/16.	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the des	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			***
<u>(Principal office address MUST BE A STREET ADDRESS</u>	<u> </u>		
			- : - i
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			`i
			gr. 6 -
	***************************************	-	The state of the s
B. If amending the registered agent and/or registere	d office address on	our records, enter:	the name of the no
registered agent and/or the new registered office address		, <u></u> -	9
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	-
		, Florida	
	City	, , , 10, 1044	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>	<u>Name</u>	<u>Address</u>	Type of Action
MUR	Leslie Veluswamy	227 E, 575 St.	🗆 Add
		#7H	□ Remove
		NY, NY 10022	Change
			Add
			Remove
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Filing Fee: \$25.00