(Requesto	or's Name)
(Address)	-
(Address)	
(City/State	e/Zip/Phone #)
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(Business	Entity Name)
(Docume	nt Number)
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Gypcy Sca Witch LLC 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:
Nicole Sandhu Name of Person
The Gypsy Sea Witch LLC
2430 Vanderbilt Beach Rd Suite 392
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 431-1623 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company virile document number <u>LND00191691</u> .	were filed on 10/17/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2430 Vanderbilt Beach Rd Suite 392 Naples , FL 34109	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3430 Vanderbilt Beach Rol Suite 392 Naples FL 34109	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		<u>w</u>
Name of New Registered Agent:	16 NOV	
New Registered Office Address:	Enter Florida street address Florida City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City Zip-Code 5	

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>	Address	Type of Action
MGR	Nicole Sandhu	2430 Vanderbilt-Beach R	<u>d</u> □ Add
		Suite 392	□ Remove
		Suite 392 Naples : FL 34109	Change
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i windun	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effective f an effecti	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a statutory filing requirements, this date will not be listed at a statutory filing requirements, this date will not be listed at a statutory filing requirements, this date will not be listed at a statutory filing requirements, this date will not be listed at a statutory filing requirements, this date will not be listed at a statutory filing requirements.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
Dated	10/210/16
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00