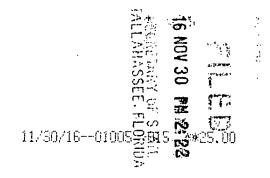
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(Re	equestor's Name)	
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COVER LETTER

Division of		ons	•	
SUBJECT:	73	G.E.M.S.	LLC	
		Name of Lim	ited Liability Company	
The enclosed Article	s of Amend	ment and fee(s) are sub-	mitted for filing.	•
Please return all corr	espondence	concerning this matter	to the following:	
·		GRETCH	EN MOYA	
-			Name of Person	
			Firm/Company	•
		3694 T	iallavana Trai	<u> </u>
			Address	
		Havan		33
·			City/State and Zip Code Communication Code Cod	SW
		`	· .	otrication)
For further information	on concerní	ng this matter, please ca	all:	
•			at (
. Na	me of Person		at () Area Code Day	time Telephone Number
Enclosed is a check t	for the follo	wing amount:	•	
□ \$25.00 Filing Fe		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

73 GE.M.S	LLC					
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) iability Company)					
The Articles of Organization for this Limited Liability Company of Florida document numberL16000197513	المدامي					
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	ty Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	720 Lincoln Dr					
(Principal office address MUST BE A STREET ADDRESS)	Chatahoochel, 7 32324					
Enter new mailing address, if applicable:	GREICHEN MOYA					
(Mailing address MAY BE A POST OFFICE BOX)	3694 Tallavana Trail					
•	Havana , Fl 32333					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:						
New Registered Office Address:	<u> </u>					
	Enter Florida street address 55					
· · · · · · · · · · · · · · · · · · ·	City Zip Cole &					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and serior or ovided for in Chapter 605, F.S. Or, if this doctiment is					

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 = Ma AMBR = Au	nager thorized Member	·	
Title	Name	Address	Type of Action
MGR	Eddie Grandlarry	3694 Tallavana Trl	🗆 Add
		Havana Pl 32333	D Remove
			Change
, <u> </u>	<i></i>		\(\lambda\)dd .
			Change
topa MGR	Gretchen Moya	3694 tallavana trail	
		Havana 71 32333	□ Remove
			Change
		· .:	🗆 Add
	,		☐ Remove
			E Chang
	· · · · · · · · · · · · · · · · · · ·		NOV 30
	, , , , , , , , , , , , , , , , , , ,		D Remove
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· .			□ Add
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Filing Fee: \$25.00