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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : I20180000078 Phone : (352)223-3911 Fax Number : (863)318-8218

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GS & GL INVESTMENTS, LLC

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JUN - 3 2022

Jun 03 22,11;42a* Esme Shanks 8639694554 p.2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GS & GL INVESTMENTS, LLC	
(Name of the Limited Li (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L17000060807</u>	ity Company were filed on and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	limited liability company here:
NONE	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:: N/A
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office address on our records, enter the name of the new registered ere:
Name of New Registered Agent:	UA E
New Registered Office Address:	Enter Florida street address
_	Florida Zip Code
New Registered Agent's Signature, if changing Regis	-

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.

Jun 03 22,11:43a* Esme Shanks 8639694554 p.3

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

Title	Name	Address	Type of Action
AMBR	GABRIELE, SPAGNOLO	5751 LOS FALMA VISTA DR.	□Add
		ORLANDO, FL 32837	■Remove
			□Change
			□Adđ
			©Remove
			Change
		-	
			🗀 Remove
			Change
****			□Add
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			□Remove
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			🗆 Add
			□Remove
			□ Change

N/A	
fective date, if other than the date of filing	:(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
netictive date is fisted, the date must be specific and operating the late inserted in this block does not make the date the date inserted in the date inserted in the date the da	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 eet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department of St	ate's records.
ecord specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	·
ted,	2022
,	·
Antonio	Spagnolo
Signature of a m	centric of authorized representative of a member
	io Spagnolo

Filing Fee: \$25.00