## L17000084198





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02/02/21--01009--017 \*\*25.00

2021 FEC -2 FH 4: 14

3/15/21

## **COVER LETTER**

TO: Registration Sec Division of Cor			
SUBJECT: GGS MED	IA LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
	<u> </u>	Firm/Company	
	17350 STATE HWY 249	SUITE 220	
		Address	
	HOUSTON TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	<del></del>
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		888 462-3453	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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

GGS MED	IA LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document numberL17000084198  This amendment is submitted to amend the following:		and assigned
A. If amending name, enter the new name of the limited liab		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1024 SW 71ST CT.	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33144	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		. 202
		) Fi
New Registered Office Address:	Enter Florida street address	N =
<del></del>	, Florida	
	City	! Zip Gode !
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete 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.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is

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
AMBR	GEORGE SIBLESZ	1024 SW 71ST CT.	
		MIAMI, FL 33144	Remove
			⊠ Change
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			Change
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			Add
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			☐ Change
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			☐ Remove
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		<del> </del>	Add
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Note: If the date i	nserted in this block do	of filing:ecific and cannot be prior to do ses not meet the applicable nent of State's records.	te of filing or more than 90 da statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 its, this date will not be listed as
the record speci ) The 90th day	fies a delayed effe after the record is	ective date, but not ar s filed.	n effective time, at 12	:01 a.m. on the earlier of
Dated DECEME	BER 25	. 2020		
6	lorgh Li	6000		
	Signa	ture of a member or authorize	d representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00