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From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 : (305)371-5758

Fax Number : (305)371-3178

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

Email Address: MHasner@Therrelbaisden.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GUGEDU VENTURES, LLC**

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## **COVER LETTER**

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	Name of Limit	ed Liability Company		
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rrespond	lence concerning this matter to	o the following:		
	MARK M. HASNER			
		Name of Person		
	Therrel Baisden, LLI	•		
Firm/Company				
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	ation correspond TER, ESC Name of I k for the Fee MAILIT Registral Division P.O. Boy	MARK M. HASNER  THERREL BAISDEN, LLI  SE 3RD AVENUE, SUIT  MIAMI, FLORIDA 33131  MHASNER@THERRELBA  E-mail address: (to ation concerning this matter, please cancer, ESQ.  Name of Person  k for the following amount:  Fee \$30.00 Filing Fee & Certificate of Status  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing.  prespondence concerning this matter to the following:  MARK M. HASNER    Name of Person	Name of Limited Liability Company  les of Amendment and fee(s) are submitted for filing,  prespondence concerning this matter to the following:  MARK M. HASNER    Name of Person

Tallahassee, FL 32301

2021 APR 13 AMID: 30

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GUGEDU VENTURES, LLC	INV AS IS NOW ADDRESS OF AUT PARAPAS			
(Name of the Limited Limited (A Florida Limited)	Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000085983	were filed on APRIL 18, 2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
GUGEDU HLDGS, LLC		202		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	te abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	328 Crandon Blvd. Ste. 119-350	2 1 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2		
(Principal office address MUST BE A STREET ADDRESS)	Key Biscayne, PL 33149	<u> </u>		
		70 A		
		⊕ <b></b>		
Enter new mailing address, if applicable:		<u>~~~</u>		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, en	iter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florido street address			
	, Florid	9		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>			
I hereby accept the appointment as registered agent and agree 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.	e performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and . Or, 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>	Address	Type of Action
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