# L11000215407

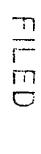
(Requestor's Name)
(Address)
(Audi 655)
(Address)
(Cyb./Chaha / Cyr. Obaco #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialistic Harrison)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200438829902

ALLAHASSEELFLORIDA





## CT CORP

#### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

4:1 DW

10/30/2024

Date:

		Acc#I20160000072	<i>V</i> - <i>V</i>
Name:	AMI LOCALS	S, LLC	
Document #:			
Order #:	15945888		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier	Amount: \$	55.00	

Thank you!

#### **COVER LETTER**

Div	ision of Corpo	orations		
SURIF <i>C</i> T:	AMI LOCAL	.S, LLC		
3003661.	•	Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.	
		dence concerning this matter		
			Name of Person	<del></del>
			Firm/Company	\$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
			Address	<u> </u>
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report r	notification)
For further in	ntormation con	ncerning this matter, please ca	all:	
			at ()	·····
	Name of P	Person	Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
<u>Mai</u>	iling Address:		Street Address:	<u>.</u>

Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

.

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2024 OCT 30 PM 13: 0

AMI LOCALS, LEC			1712: 08
(Name of the Limited Lia	ibility Compa	ny as it now appears on our Liability Company)	
(A rio	orida izimned i	matinity Company)	TALLAHASSEE, FLORIDA
he Articles of Organization for this Limited Liabilit	Campani	wara filad on October 18	8, 2017 and assigned
	y Company	were med on	and assigned
orida document number L17000215407	,		
his amendment is submitted to amend the following	g:		
. If amending name, enter the new name of the l	<u>limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "	Limited Liabil	lity Company," the designation	on "L1.C" or the abbreviation "L.1.C."
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)		303 9th St. W #2	
		Bradenton, FL 34205	
			<u> </u>
		450 Park Avenue, 24th	Clear
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		-	1 1001
		New York, NY 10022	<u> </u>
. If amending the registered agent and/or registe	ered office :	address on our records	, enter the name of the new regist
gent and/or the new registered office address her			
Name of New Registered Agent:	T Corporation	n System	
Name of New Registered Agent.	<u> </u>		
name of New Registered Agent.	<u> </u>	n System  ne Island Road  Enter Florida stree	n address
New Registered Office Address: 12	<u> </u>	ne Island Road	n address Florida 33324

New Registered Agent's Signature, if changing Registered Agent:

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.

Mudila Helling

Meredith Hellwig, Assistant Secretary

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>	Name	Address	Type of Action
MGR	GSP Prime Buyer, LLC	450 Park Avenue, 24th Floor, New York, NY 10022	<b>=</b> Add
			□Remove
			Change
MGR	Shawn Kaleta	1401 8th Avenue West, Bradenton, FL 34205	🗆 Add
			■Remove
			□Change
		<del></del>	□Add
			□Remove
			Change
			□Add
		·	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chamas

				<del></del>
			<u> </u>	<del></del>
			<del></del> -	
			<del></del>	_吕
				ZD24 OCT
			ALL:	- 33 - 13 - 13
			E.	-n [
			FLORIDA	PH 12: 08
			NIDA	80
				· ·
	<del></del>	<del> </del>		
		<u> </u>		
ta alaa ahaa ahaa ahaa ahaa ahaa	luto of Clinas		(optional)	
ective date, if other than the of effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to d	ate of filing or more than 90	days after filing.) Purs	uant to 605.020
cument's effective date on the De	partment of State's records.	summory many requirem		
1 Control (Control	des trus and an efficient times	at 12:01 a m on the one	lion of the The 90t	h day after th
cord specifies a delayed effective is filed.	date, but not an effective time.	at 12.01 a.m. on the Cal.	ner or. (b) The 90t	n day anter th
October 13	2024			
ted				
1.				

Filing Fee: \$25.00