L17000230176

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Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
CUBICAT	GABBY'S I	PROPERTIES LLC		
SUBJECT:				
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter	-	
	200			
		Martha Solis		
		_	Name of Person	
			Firm/Company	
	2812 SW Shoal CT			
	Address			
		Port Saint Lucie FL 34953		
			City/State and Zip Code	
		marthasolis1006@ya E-mail address: (hoo.com to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca		
Martha Solis	;		561 601-8594	
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	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)
	iling Addres gistration S		Street Address: Registration Se	ction
Division of Corporations		Division of Cor	Division of Corporations The Centre of Tallahassee	
P.C	D. Box 632	1	ine Centre of 1	ananassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2022 MAY 27 PM 4: 04

GABBY'S PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records, LAHASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L17000230176}{L17000230176}$.	y were filed on 11/07	<u>//2</u> 017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	;:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida	i street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	•		гар Сош

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Javier Solis	2812 SW Shoal CT Port Saint Lucie FL 34953	□Add
			■Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be prior to date of filing or nor block does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605,0207 (3 requirements, this date will not be listed as th
he record specifies a delayed effectord is filed.	ctive date, but not an effective time, at 12:01 a.m. or	the earlier of: (b) The 90th day after the
Dated MAY 23	. 2022	
//	Signature of a momber or authorized representative o	f'a member
	MARTHA SOLIS	
	Typed or printed name of signee	