## 48000034978

Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

BL VORISEK DEC 0 4 2018

## **COVER LETTER**

TO:	Registration Se Division of Cor			
(3 T (T) T)	GYF,LLC			
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Christopher McCoy		
			Name of Person	<del></del>
		GYF, LLC		
	•. •		Firm/Company	<u> </u>
		1225 BENNETT DR SUIT		
		LONGWOOD, FL 32750	Address	
		christophermccoy2018@gm	City/State and Zip Code ail.com	
		E-mail address: (t	o be used for future annual report notif	ication)
For fu	rther information c	oncerning this matter, please ca	ill:	
Christ	topher McCoy		407 4544117 at ()	
	Name o	l'Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$2	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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



November 14, 2018

CHRISTOPHER MCCOY GYF, LLC 1225 BENNETT DR. SUITE 201 LONGWOOD, FL 32750

SUBJECT: GYF, LLC

Ref. Number: L18000034978

We have received your document for GYF, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 518A00023460

Brenda L Vorisek Director

www.sunbiz.org

Division CO Martin DO DOV 0007 Wellshammer Florida 900

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OTP,U.C.				
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	iv as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company villorida document number L18000034978	were filed on February 7th, 2018	and assigned		
This amendment is submitted to amend the following:		18 DEC SECNO		
A. If amending name, enter the new name of the limited liabil	lity company here:	ASSA I		
BODHLINVESTMENT GROUP, LLC		abbreviation at 17		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the	abbrevia lida J.L.C."		
Enter new principal offices address, if applicable:	1225 BENNEUT DR	GALL 3		
Principal office address MUST BE A STREET ADDRESS)	C1 1/C12 201			
	LONGWOOD, FL 32750			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1225 BENNETT DR SUITE 201			
Mauring dudress MAT DI. AT OST OFFICE BOA)	LONGWOOD, FL 32750			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		r the name of the new		
	Florida _			
	City	Zip Code		

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.

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

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DEREK GODBOUT	2193 CERBERUS DR APOPKA, FL 32712	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Effect	tive date, if otl Tective date is list	her than the date of	filing:	or to date of tiling o	r more than 90 days aft	t <b>ional)</b> er filing.) Pursuant to 605,0207
Note:	If the date inse	erted in this block does	s not meet the appl	cable statutory fi	ling requirements, th	is date will not be listed as
docur	nent's effective	date on the Departmen	nt of State's record	S.		
				ot an effective	e time, at 12:01	a.m. on the earlier of
) ine	e 90th day al	fter the record is I	тео,			
	December 4st		2018		·	
Dated			·	·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00