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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
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| (Document Number) |
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| SUBJECT: | | | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | | |
| | | GIOVANNI A SORIENT | E | | |
| | | | Name of Person | | |
| | | | Firm/Company | | |
| | | 10321 NW 70 LN | | | |
| | | | Address | | |
| | | DORAL, FL 33178 | | | |
| | | | City/State and Zip Code | | |
| | | GIOVANNISORIENTE26(| - | | |
| | | E-mail address: (| to be used for future annual report no | tification) | |
| For furthe | r information c | oncerning this matter, please c | all: | | |
| GIOVANNI A SORIENTE | | 786 8780464 at () | | | |
| | Name o | f Person | Area Code Daytir | ne Telephone Number | |
| Enclosed | is a check for th | ne following amount: | | | |
| \$25.0 | 0 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 Addres | | Street Address: | ontion | |
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| | P.O. Box 632 | - | The Centre of | - | |
| | Γallahassee, I | | | pe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARAISO 4305 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/30/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L18000082022 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **GMSGES LLC** The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the nam@of.the.new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida

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.

City

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 |
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| record l is file | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | JULY 27 / 2023 |
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| ated _ | - Chink |
| Pated _ | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00