L18000094056

(Requestor's Name)
(Address)
(Address)
,
(Ĉity/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:		stration Sec sion of Corp		•	
	~~		DISE 403 LLC		
SUBJE	CI:		Name of Lim	nited Liability Company	_
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			GIOVANNI A SORIENTI	E	
				Name of Person	
				Firm/Company	
			10321 NW 70 LN		_
			-	Address	
			DORAL, FL 33178		
				City/State and Zip Code	_
			GIOVANNISORIENTE260	@GMAIL.COM to be used for future annual report notification)	_
For furth	ner in	formation co	neerning this matter, please ca		
		A SORIENT		7 86 8780464	
		Name of	Person	at ()	nber
Enclosed	d is a	check for the	e following amount:		
≅ \$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	O Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
		ing Address istration So		Street Address: Registration Section	
	_		orporations	Division of Corporations	
		. Box 6327		The Centre of Tallahassee	~ 010
	Tall	ahassee, F	L 32314	2415 N. Monroe Street, Suite	6010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE PARADISE 403 LLC				
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears ty Company)	on our records.)		
The Articles of Organization for this Limited Liability Company were	filed on	04/13/2018	and assi	gned
lorida document number L18000094056				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liability of	company her	<u>'e</u> :		
GSC LLC				
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the de	signation "LLC" or	the abbreviation "L.I	C."
Enter new principal offices address, if applicable:	•			
Principal office address MUST BE A STREET ADDRESS)			202	
<u> </u>			20 3 20 2	
			<u>7</u>	
nter new mailing address, if applicable:			>::\ ::::\	
Mailing address MAY BE A POST OFFICE BOX)) (기년 교	1
				\cup
3. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ess on our re	cords, <u>enter the</u>	e name of the new	registe
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	la street address		= =
		, Floric	da	
(City	, , , , , , , , , , , , , , , , ,	Zip Code	

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.

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
MGRM	MAGARI BUSINESS INC	HUNKINS WATER FRONT PLAZA SUITE	🗆 Add
		556 CHARLESTOWN, NE 0000 NE	Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			□Add
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<u>iote:</u>	ve date, if other than the date of filing:
record	d 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
	<i>/</i>
Dated .	JULY 25 2023
	6) him
	Signature of a member or authorized representative of a member
	GIOVANNI A SORIENTE
	Typed or printed name of signee

Filing Fee: \$25.00