L18000103164

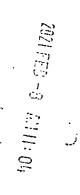
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Registration Section

TO:

Division of Cor	rporations		
GADALLI SUBJECT:	.C	•	♂
3000001.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter	·	
,	maner	to the following.	
	LOVETTE DOBSON		
		Name of Person	
	INCFILE.COM LLC		
		Firm/Company	_
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
		to be used for future annual report no	tification)
	oncerning this matter, please c	all:	
LOVEITE DOBSON		888 462-3453 at ()	
Name o	t Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	ou fallouing oursus		
	_	-	_
≘ \$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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GADAI	ELC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) (bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number L18000103164	ere filed on 04/24/2018	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbrev	riation "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 ad agent and/or the new registered office address here:	dress on our records, <u>enter the name o</u>	f the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	715
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		- <u>2</u> 5
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	iligr with and his document is

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
AMBR	ANYELITH RINCON	235 PEACHTREE STREET NE. SUITE 400	
		ATLANTA, GA 30303	≣Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Remove
			□Change
			□Add
			□Remove
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			□Change

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Filing Fee: \$25.00