48000145776

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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC	GIGI THE I	PLANNER, LLC		
SUBJES		Name of Limite	rd Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are subm	itted for filing.	
Please re	eturn all correspor	ndence concerning this matter to	the following:	
		Gisla Bush		
			Name of Person	
		GIGI THE PLANNER, LLC		
			Firm/Company	
		4302 Hollywood Blvd., #29	53	
			Address	
		Hollywood, FL 33021		
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report noti	fication)
For furth	her information co	oncerning this matter, please cal	1:	
Gisla B	lush		954 364-4318 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne following amount:		
\$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)
	Registr	ING ADDRESS; ation Section in of Corporations	STREET/COUR! Registration Section Division of Corporation	on

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIGI THE PLANNER. LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
he Articles of Organization for this Limited Liability Company worlds document number L18000145776	ere filed on JUNE 13, 2018 and assignment	gned
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability	ty company here:	
e new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.	C."
nter new principal offices address, if applicable:	<u> </u>	-SEVIE
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>
		- 67 - 67 - 67
	2	089 899
nter new mailing address, if applicable:		— <u>××</u> × <u>×</u>
lailing address MAY BE A POST OFFICE BOX)		<u> </u>
If amending the registered agent and/or registered offi- gistered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, enter the name o	of the
New Registered Office Address:		
130 Magazine Come Francis	Enter Florida street address	
	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.

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
OWN	Bushbg Enterprise, LLC	4951 SW 18th Street	
		West Park, FL 33023	■ Remove
			☐ Change
MGR	Bushbg Enterprise, LLC	4951 SW 18th Street	⊟ Add
		West Park, FL 33023	Remove
			☐ Change
CEO	Gisla Bush	4302 Hollywood Blvd., #253	
		Hollywood, FL 33021	■ Remove
			Change
AMBR	Gisla Bush	4302 Hollywood Blvd., #253	 ∧dd
		Hollywood, FL 33021	П В
			Change
		<u></u>	□ Remove
			☐ Change
			□ Add
			Remove
			Change

					
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ffective date, if other than the dan effective date is listed, the date must be the listed in this block ocument's effective date on the Deportune of the date of the date.	late of filing: be specific and connor ck does not meet the	applicable stau	filing or more than i	(optional) 0 days after filing.) Penents, this date wi	ursuant to 605.02/ Il not be listed :
e record specifies a delayed The 90th day after the reco		out not an eff	fective time, a	: 12:01 a.m. on	the earlier
ated	2018	8			
\cap	ognature of a member				

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Typed or printed name of signee

Filing Fee: \$25.00