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(Business Entity Name)
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COVER LETTER

	Registration Se Division of Cor		·	
·		ESALE LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		EDGAR J NUNEZ CAMI	NERO	
			Name of Person	
GG WHOLESALES LLC				
Firm/Company				
		11543 SW 150 PLACE		
			Address	· · · · · · · · · · · · · · · · · · ·
		MIAMI, FL 33196		
		LEGEM2000@HOTMAIL	City/State and Zip Code	
		•	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
EDGAR	J. NUNEZ CAN	MINERO	786 461-6052	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$ \$25.0	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, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GG WHOLESALES LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number	ny were filed on7/16/18	_ and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
VITAE 235 LLC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "ELC" or the abbre	eviation "L.L.C."
Inter new principal offices address, if applicable:	<u></u>	19
Principal office address MUST BE A STREET ADDRESS)	· ·	70=
	7.	· 22 · 23
		· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
nter new mailing address, if applicable:		- F D
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	. <u>0</u>
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		e name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
-	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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Change
<u>.</u>			Add
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change

	·
(lf an <u>Not</u>	ective date, if other than the date of filing:
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed.
Date	ed JANUARY 18
	111 / 11#1 1 / /
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00