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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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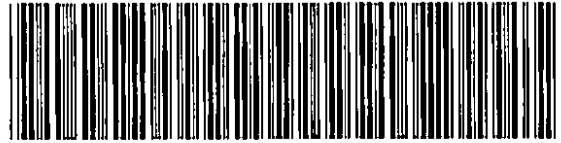
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 17 AM 8:04

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AUG 23 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DATA GEMZ LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Erschik  
Name of Person

DATA GEMZ LLC  
Firm/Company

5936 NW Batchelor TERRACE  
Address

Port St. Lucie, FL 34986  
City/State and Zip Code

Tim.Erschik@DATA.GEMZ.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Erschik at (772) 475-6293  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DATA GEMZ LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 24 2018 and assigned Florida document number L18000177867.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

5936 NW BATCHELOR TERRACE  
Port St. Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5936 NW Batchelor TERRACE  
Port St. Lucie, FL 34986

**B. If amending the registered agent and/or registered office address on our records, enter the name 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

City, Florida

Zip Code

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**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>	<u>Type of Action</u>
<u>MGR</u>	<u>Tim Erschik</u>	<u>5936 NW Batchelor TERRACE</u>	<input checked="" type="checkbox"/> Add
	<u>Chief Executive MEMBER</u>	<u>Port St. Lucie FL 34986</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Wendee Erschik</u>	<u>5936 NW Batchelor TERRACE</u>	<input checked="" type="checkbox"/> Add
		<u>Port St. Lucie FL 34986</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kailyn Buske</u>	<u>154 SW SEA LION RD</u>	<input checked="" type="checkbox"/> Add
		<u>Port St. Lucie FL 34953</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE chose a 3<sup>RD</sup> Party (Northwest Registered Agent LLC) to set up our new LLC company. Upon filing, they entered their ADDRESS AS the Primary Business ADDRESS AND MAILING ADDRESS. Those corrections (AMMENDS) have been listed previously. On Sunbiz.org, there seems no owners of the company listed. Those AMMENDS are also previously listed for addition.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 12, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Tim Erschik Chief Executive Member  
\_\_\_\_\_  
Typed or printed name of signee