## 1180001170

(Requestor's Name)	
(Address)	<del></del>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## COVER LETTER .

TO:

TO: ·	Registration S Division of Co		•	
	GG Fl. LI	.C		
SUBJE	СТ:	Name of Lim	ited Liability Company	
			-	
Please	return all corresp	ondence concerning this matter	to the following:	
		Cecilia Brannon		
			Name of Limited Liability Company  If fee(s) are submitted for filing.  Interpolation of Person  Sof Kravitz and Guerra, P.A.  Firm/Company  Bay Dr. Suite 18  Address  33131  City/State and Zip Code  itzlaw.com	
		Law Offices of Kravitz and	d Guerra, P.A.	port notification)  0222  Daytime Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  COURIER ADDRESS: In Section of Corporations ilding
			Firm/Company	
		801 brickell Bay Dr. Suite	18	y Company  filing.  owing:  e of Person  A.  A.  y/Company  Address  e and Zip Code  or future annual report notification)  305
			Address	
		Miami, FL 33131	Name of Person  res of Kravitz and Guerra, P.A.  Firm/Company  ell Bay Dr. Suite 18  Address  Address  City/State and Zip Code avitzlaw.com  E-mail address: (to be used for future annual report notification)  matter, please call:  305 372-0222  at (	
			City/State and Zip Code	<del></del>
		cecilia@kravitzlaw.com		7 XI - 7
F 6			-	ification)
		concerning this matter, please ca	all:	
cecilia	Brannon		at ()	
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for	the following amount:		
	5.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55 00 Filing Fee &	□ \$60.00 Filing Fee
	Too I ming I ee	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
		LING ADDRESS:		
		tration Section ion of Corporations		
	P.O. 1	3ox 6327 nassee, FL 32314	Clifton Building	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GG FI, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000191170}{L18000191170}$ .	were filed on August 9th, 2018	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		DIVIS 18
Principal office address MUST BE A STREET ADDRESS		
		2 C C C C C C C C C C C C C C C C C C C
		AH ORPOR
Inter new mailing address, if applicable:		<del></del>
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her		r the name of the ne
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Iris Espinal	465 OCEAN DRIVE APT. 722	
		MIAMI BEACH, FL 33131	
			Remove
			Change
			Add
			Remove
		<del></del>	Change
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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F ff oc	rtive date if other than the date of filing:		
Note	ctive date, if other than the date of filing:	nt to 6 t be li	05.0207 sted as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	ear	lier of
Dated	d August 9th . 2018		
	Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00