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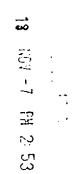
(Reque	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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11/87/18--01009--007 **25.00



COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		ESTMENT AND DESIGN, LL	.C	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Dorothy Germinal		
			Name of Person	
			Firm/Company	
		259 courtney lakes circle a	ipi 102	
			Address	
		West Palm Beach, FL 334	01	
			City/State and Zip Code	
		Geminvestment@icloud.co		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	iformation c	oncerning this matter, please ca	all:	
Dorothy Ger	rminal		561 603-3098	
Name of Person			at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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

TO:

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

GEM INVESTMENT AND DESIGN, LLC

any as it now appears on our records.) Liability Company)	
were filed on <u>09/10/18</u>	and assigned
oility company here:	
	, 'a'
ility Company," the designation "LLC" or the	
6586 Hypoluxo rd, suite # 376	9
Lake Worth, FL 33467	-0
	<u>ज</u> ्ञें
6586 Hypoluxo rd. suite # 376	ئي پ
Lake Worth, FL 33467	· -
office address on our records, <u>entere</u> :	er the name of the
rmer r torida street address	
, Florida	Zio Code
	bility Company here: ility Company," the designation "ELC" or the 6586 Hypoluxo rd, suite # 376 Lake Worth, FL 33467 6586 Hypoluxo rd, suite # 376 Lake Worth, FL 33467 biffice address on our records, entere: Enter Florida street address , Florida

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</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Dorothy Germinal		□ Add
			□ Remove
		6586 Hypoluxo rd. suite # 376 Lake Worth, FL 33467	■ Change
MGR	Esdras Alexandre		
			□ Remove
		6586 Hypoluxo rd. suite # 376 Lake Worth, FL 33467	🖺 Change
			☐ Remove
			Change
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<u>ite:</u> If th	late, if other e date is listed, the date inserted s effective date	l in this blocl	c does not n	neet the app	licable statut	iling or more the ory filling rec	(op nan 90 days af juirements, 1	tional) fer filing.) Pur his date will	suant to 605,020 not be listed a
	specifies a th day after			late, but r	not an effe	ective time	, at 12:01	a.m. on t	the earlier o
ted			· · · · · ·		·				
			Y_)		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00