L18000245776

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SECRETARY OF STATE

FEB 1 8 2019 C. MCNAIR

COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

GI GOD F	IRST LLC		20:
SUBJECT:	Name of Lim	ited Liability Company	Mig FEB 13
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	NO FEB 13
Please return all correspo	ondence concerning this matter	to the following:	
	LAMAR JANVIER		<u> </u>
	GI GOD FIRST LLC	Name of Person	
	225 NW 22ND STREET,	Finn-Company UNIT 201	
	MIAMI, FL 33127	Address	
	Natacha(a,TaxPilotConsulti	_	
For further information of	r-man address; (concerning this matter, please c	to be used for future annual report noti all:	fication)
LAMAR JANVIER		786 499-6589	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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)
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corporation	on

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G1 GOD FIRST 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 10/22/2018 Florida document number L18000245776 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: TAX PILOT CONSULTING, INC/ NATACHA DESAMOURS Name of New Registered Agent: 2020 NE 163RD STREET SUITE 202F New Registered Office Address: Enter Florida street address , Florida 33162 Zip Code NORTH MIAMI BEACH City

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 antending Authorized Person(s) authorized to manage, enter the fitle, 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
AMBR	LAMAR M. JANVIER	225 NW 22ND STREET #201 MIAMI, FL 33127	
			□ Remove
			Change
AMBR	DENISE G. CHARLES	225 NW 22ND STREET #201 MIAMI, FL 33127	
			□ Remove
			☐ Change
			Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			D Add
			□ Remove
			Change

				<u> </u>
				
				
				
				
ffective date, if other tha	an the date of filing:		(optional)	
an effective date is listed, the distorted in	ate must be specific and cannot be a this block does not meet the ap the Department of State's reco	plicable statutory filing re-	han 90 days after filing.) Pursuar	
			13.01 +	andiar of
e record specifies a de	elayed effective date, but le record is filed.	not an effective time	e, at 12:01 a.m. on the	earner o
		not an effective time	e, at 12:01 a.m. on the	earner o

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Typed or printed name of signee

Filing Fee: \$25.00