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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ginny Sanchez Basketkall 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:
Giony Savichez Name of Person
Ginny Sanchez Bashetball (GSB) LLC. Film/Company
3021 Chamberlain St Address
Deltona FL, 32738 City/State and Zip Code 23 Sanchez @live. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Ginny Sanchuz at (386) 473-303) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

Ginny Sanchez	HDE LLC		
¹ (<u>Name of the Limited I</u> (A F	iability Company as it forida Limited Liability	now appears on our recor Company)	<u>'ds.</u> }
The Articles of Organization for this Limited Liabil Florida document number <u>L 18000 24 75 (</u>		iled on <u>10/22/</u>	2018 and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	limited liability co	mpany here:	
Ginny Sanchez Bashetball The new name must be distinguishable and contain the words	GSB UC	nuny "the decignation of I	C" or the abbraviation of 1 C"
		pany, the designation 1.1.	
Enter new principal offices address, if applicable	:		2019
(Principal office address MUST BE A STREET A	DDRESS)	<u>-</u>	
		_	مستعور س القائمية
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	`		707
Channe address MAT DE ATOST OFFICE BO.			
	-		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office ac address here:	ldress on our record	ds, enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addre	288
		F	lorida
_	Cup		Zip Code
N CO LA TA ANGEL . TANK A PER A			

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

MGR = Manager

AMDK - 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		***	☐ Remove
			Change
			Remove
			Change
			Add
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	ve date, if other than the date of filing:	.020 eda
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	èr O
Dated _	April 13 . 2019.	

Page 3 of 3

Filing Fee: \$25.00