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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Gary & Gary Communications 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:
Gary Siebenaler Name of Person
Gary & Gary Communications LLC Financompany
2924 SW 2nd Place
Cape Coral FL, 33914/ City/State and Zip Code Gary Siebenaler @ Com C957. NeT E-nkil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GARY Siebenaler at (239) 821-2917 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee & □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, □ \$60

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

Gary & Gary Comm	npany as it now appears on our records.) ed Liability Company)		
(Name of the Limited Liability Con	ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 1800 0 2 4 9348</u>	any were filed on $10/25/20/$	_ and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the ab	obreviation "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)		<u></u> .	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name o	fithe new
Name of New Registered Agent:		,	
New Registered Office Address:			<u> </u>
	Enter Florida street address	25	1.4 1.5
	, Florida		<u> 공</u> 류
	City	Zip Code	بند

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 **Type of Action Address** Title Name MGR Gary Siebenaler Same MAdd Gary Siebenaler SR, premove
Gary Siebenaler OChange □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

	So we are removing SR. From behind all
	So we are removing SR. From behind all Names.
(If an ei <u>Note:</u>	tive date, if other than the date of filing: 6-20-19 (optional) Tective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	··
	Signature of a member or authorized representative of a member Gary Signature of a member of authorized representative of a member Typed or printed name of signee
	Hard Diebenster
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00