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COVER LETTER

GG ACA	ADEMY LLC		
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Warren Jay Stamm, Es	eq.	
		Name of Person	
	Warren Jay Stamm, Eso	q. P.L	
		Firm/Company	
	16001 Collin Avenue, S	• •	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Sunny Isles Beach, FL	33160	
	wjslegal@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Warren Jay Stamm, Esq. 904 868-1635 at ()			
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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, F1. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GG ACADEMY LLC			
(<u>Name of the Limited</u> (A	Liability Company as it now appea A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on _	February 6, 2019	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company l	nere:	
GG ACADEMY REALTY LLC			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.IC."
Enter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE Books</u> B. If amending the registered agent and/or registered agent and/or	r registered office address o	· · · · · · · · · · · · · · · · · · ·	AUG -2 MIO: 24 the name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida 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, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Change
			
			□ Remove
			Change
			Remove
			Change
		 -	Remove
			☐ Change
·			Add
			□ Remove
			Change
			☐ Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date mast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:) The 90th day after the record is filed. Dated July 26 , 2019 Signature of a member of authorized representative of a member					
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Da: Minn In Com	July 26	2019	<u></u>		
Signature of a member or authorized representative of a member	Dated		 .		
Signature of a member or authorized representative of a member	n	- Minn) /	\'		
		Signature of a member o	r authorized representative of a	member	
/	Warren Jay	y Stamm, Esq.			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00