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## **COVER LETTER**

SUBJECT: GSM - VNTT D LLC					
SUBJECT: 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:					
Jeffrey M. Morit 2					
JeffRey M. MORITZ ESQ Firm/Company					
3584 VALIEY VIEW DR. Address					
KIBSIMALL FL 34746  City/State and Zip Code  IM JURIS @ GMAIL . COM					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Telf froy M. Muritt at (917) 757 5317  Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  S25.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)					
MAILING ADDDESS					

MAILING ADDRESS:

Registration Section Division of Corporations

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GSM UNITD LLC

3.571 07011 3)		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears of Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on Af	
This amendment is submitted to amend the following:	7 -	
rins anchunent is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> ,	
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or register		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on ou ess here:	r records, enter the name of the n
		₽.
Name of New Registered Agent:		
New Registered Office Address:	<del> </del>	
	Enter Florida s	treet address
		, Florida
<del></del>	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and confacept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my t ent as provided for in Char	duties, and I am familiar with and
	If Changing Registered Agent,	Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JEffRey M. Moritz	3584 VALLEY VIEW DR. KIJS; MARE FL 34746	Add
	,	Ki35; MREE FL 34746	ZRemove
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(If an effective date is liste Note: If the date inser	er than the date of filided, the date must be specific a reted in this block does not date on the Department of	nd cannot be prior to d meet the applicable	late of filing or more to	(optional) han 90 days after filing.) quirements, this date	Pursuant to 605.0207 (3)(bwill not be listed as the
the record specifies ) The 90th day aft	s a delayed effective ter the record is filed	date, but not a l.	n effective time	e, at 12:01 a.m. o	on the earlier of:
Dated AUGUST	XVX	2019			
	Signature of a	nember or authorize	ed representative of a	member	<del></del>
	TO HADE IN	11.04			
	TeffRey M.	Typed or printed na	ame of signee		<del></del>

D. It amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00