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## **COVER LETTER**

SUBJECT:	Name of Lim	ited Liability Company	
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Division of Corporations  GIAR HAUSE 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:  FARAH CRUZ  Name of Person  FAIL SAFE ACCOUNTING LLC  Firm/Company  20 S ROSE AVE SUITE 4  Address  KISSIMMEE, FL 34741  City/State and Zip Code  INFO@FAIL SAFETAX COM  B-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FARAH CRUZ  Name of Person  For further information concerning this matter, please call:  FARAH CRUZ  Name of Person  For further information concerning this matter. please call:  FARAH CRUZ  Name of Person  Street Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee			
Please return all correspo	ondence concerning this matter	to the following:	
	FARAH CRUZ		
	Name of Limited Liability Company  cles of Amendment and fee(s) are submitted for filing.  orrespondence concerning this matter to the following:  FARAH CRUZ    Name of Person		
		Firm/Company	<del> </del>
	20 S ROSE AVE SUITE 4		
	·	Address	
	KISSIMMEE, FL 34741		
	<del>-</del> · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
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			ification)
For further information c	oncerning this matter, please c	all:	
FARAH CRUZ			
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
		Division of Co	rporations
i aliabassee,	rl <i>32</i> 314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEAR HAUSE 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  $\frac{03/15/2019}{1}$ and assigned 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_ 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

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
AMBR	SAPP, PHILIP	2014 JAFFA DRIVE UNIT 104	□ Add
		ST CLOUD, FL 34771	■Remove
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Effective date, if other than the da	nte of filing:		(optional)	
(If an effective date is listed, the date must be Note: If the date inserted in this block	specific and cannot be prior to	o date of filing or more than ble statutory filing requir	90 days after filing.) Pursuant to 605 ements, this date will not be list	5.0207 (3 ed as th
document's effective date on the Depa	irtment of State's records.	we constructly throught a few		
ne record specifies a delayed effective dord is filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day afte	er the
Dated SEPTEMBER 3	2020			
	David Banda	rd		
Sig	David Banko gnature of a member or author	rized representative of a men	nber	
DAVID BANFORD				
	Typed or printe	d name of signee		

Filing Fee: \$25.00