L19000073296

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COVER LETTER

Registration Section Division of Corporations

TO:

	CEAR HALICE LLC	•		
SUBJECT:	GEAR HAUSE LLC Name of Li	mited Liability Company		
The enclosed Article	es of Amendment and fee(s) are su	abmitted for filing.		
Please return all con	respondence concerning this matte	er to the following:		
		FARAH CRUZ		
	FAI	Name of Person IL SAFE ACCOUNTING LLC		
Firm/Company				25
20 S ROSE AVE SUITE 4				
Address				22
KISSIMMEE, FL 34741				
		City/State and Zip Code		1.5
		INFO@FAILSAFETAX.COM (to be used for future annual report	notification)	10°
For further informat	ion concerning this matter, please	call:		
FA	RAH CRUZ	at (<u>407</u>)	701-7988	
N:	ime of Person	Area Code Da	ytime Telephone Number	
Enclosed is a check	for the following amount:			
X \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Division P.O. Box	ion Section of Corporations	The Centre	Section Corporations of Tallahassee nroe Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEAR HAUSE LLC			
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Company were filed on	March 15, 2019	_ and assigned	
Florida document numberL19000073296			
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," th	e designation "LLC" or the abbre	eviation 51L.C."	
Enter new principal offices address, if applicable:		:3	
(Principal office address MUST BE A STREET ADDRESS)			
		erege e de e de	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		9.8	
		 	
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	r records, <u>enter the name c</u>	of the new registere	
Name of New Registered Agent:			
New Registered Office Address:			
Enter F	Enter Florida 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 the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here company has been notified in writing of this change.	of my duties, and I am fan a Chapter 605, F.S. Or, if	niliar with and this document is	

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	David Banford	2014 JAFFA DRIVE UNIT 104	🗆 Add
		SAINT CLOUD, FL 34771	■Remove
			□ Change
			□ Add
			Remove
			☐Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			Change
			Remove
			☐ Change
			□ Add
			Remove
			□Change

If amending	gany other information, e	enter change(s) here: (Attach additional sheet.	s, if necessary.)
		1272	
	-		
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			::
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	1000000000	·	
Note: If the	ite, if other than the date of date is listed, the date must be speciate inserted in this block do effective date on the Departm	of filing:ecific and cannot be prior to date of filing or more than 90 bes not meet the applicable statutory filing requirement of State's records.	(optional) days after filing.) Pursuant to 605.0 nents, this date will not be listed
e record spec ord is filed.	ifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earl	ier of: (b) The 90th day after t
Dated	JUNE 12	. 2023	
_	Signat	Andrew Montgomery ure of a member or authorized representative of a member	er
		Andrew Montgomery	
		Typed or printed name of signee	·

Filing Fee: \$25.00