L19000100849

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
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COVER LETTER

то:	Registration Sec Division of Corp			
0110.154	GSec LLC			
SUBJEC	ت: <u></u>	Name of Limi	ted Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Amanda Marie Adams		
			Name of Person	•
		GSec LLC		
			Firm/Company	
		11327 Brightwood Dr.		7:72
			Address	
		Seffner, FL		
			City/State and Zip Code	مين. د
		amanda.adams@gsecllc.com	n to be used for future annual report notif	- Continn
For furt	her information c	e-man address: (. O
	a Maric Adams	- -	908 619-9464	
_	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for the	he following amount:		
□ \$25	5.00 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 Addres Registration Division of C	Section	Street Address: Registration Sec Division of Cor	porations
	P.O. Box 632 Tallahassee,	27	The Centre of T	'allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compar	pears on our records.) 1y)
e Articles of Organization for this Limited	Liability Company were filed on	April 11, 2019 and assigned
orida document number L19000100849	·	
is amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company	<u>y here</u> :
new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "L1.C" or the abbreviation "L.L.C."
iter new principal offices address, if appl	icable:	. 2
rincipal office address MUST BE A STRE	ET ADDRESS)	
		. m
		. N
ter new mailing address, if applicable:		יים
Mailing address MAY BE A POST OFFICE BOX		,
	-	
If amending the registered agent and/or ent and/or the new registered office addr		ir records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	Amanda Marie Adams	
New Registered Office Address:	11327 Brightwood Dr	
	Enter	Florida street address
	Seffner	, Florida <u>33584</u>
	City	Zip Code

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>	Name	Address	Type of Action
			
			□Remove
			Change
			□Add
			Remove
			Remove Change
			□ Add
			Remove
			Change
			□Add
			□Remove
			□Add
			□ Remove
			□Change
			-
			□ Remove
			Change

	stered Agent and all a	ffiliations with	GSec LLC.		
					
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ctive date, if other than the date effective date is listed, the date must be sp If the date inserted in this block do ment's effective date on the Departn	ecific and cannot be prio oes not meet the applic	cable statutory	or more than 90 day	(optional) is after filing.) Pursua ts, this date will no	nt to 60 t be lis
cord specifies a delayed effective date s filed.	, but not an effective t	time, at 12:01 a	ı.m. on the earlier	of: (b) The 90th o	day afi
December 19	· · 2022				

Filing Fee: \$25.00