

L19000151164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

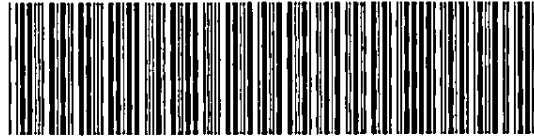
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400353096124

10/13/20--01030--023 **30.00

2020 OCT 13 PM 2:43
RECEIVED
CLERK OF SUPERIOR COURT
JANUARY 13, 2021

US
11/17/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G Squared LLC
Name of Limited Liability Company

The enclosed Articles of Association and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victoria Garcia

Name of Person

G Squared LLC

Firm/Company

809 B. Mont Pl.

Address

Deer Creek Beach, FL 33436

City/State and Zip Code

piratesg@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria Garcia

561 3740481

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2028 OCT 13 PM 2:43

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

G Squared 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 6/7/2019 and assigned
Florida document number 19001164.

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 office address, if applicable:

(Principal office address: 1111 5th Street Address)

Enter new mailing address, if applicable:

(Mailing address MAY 11 2019 OFFICE HOURS)

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: Victoria Garcia

New Registered Office Address: 1809 Belmont Pl

Enter Florida street address

Boynton Beach, **Florida** 33436
City Zip Code

New Registered Agent's Signature (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 relating 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.

Victoria Garcia

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persons authorized to manage, enter the title, name, and address of each person being added or removed from our register:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGMR	Victoria K. ...	1809 Belmont Pl, Boynton Beach, FL, 33436	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGMR	Victoria Garcia	1809 Belmont Pl, Boynton Beach, FL, 33436	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Name change due to marriage.
marriage certificate enclosed.

2020 OCT 13 PM 2:43

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, it must be a date that can be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ~~September 3rd~~ October 7th 2020

Victoria Garcia

Signature of a member or authorized representative of a member

Victoria Garcia

Typed or printed name of signee