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TALLAHASSEF STATE

#### **COVER LETTER**

TO: Registration Section Division of Corporations .
SUBJECT: Sign of GD Mobile Dotary, UC 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:
Tanny Trzinski Name of Person
. Firm/Company
331 SAWGFASS Place
Casselberry, FL. 32707
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Tammy Trzcioski at (407) 227-0285  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\times \text{S60.00 Filing Fee, 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sign 4- GD Mobile (Name of the Limited Liability Comp	notary2022/M	R 28 PM 2: 09
(A Florida Limited	any as it now appealed on our Liability Company) SECRE	TARY OF STATE
The Articles of Organization for this Limited Liability Company	y were filed on $8/31$	-AHASSEE FL and assigned
Florida document number <u>L190002172</u> 78	1	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial		
A + o Z QSS', S+on+S 1 The new name must be distinguishable and contain the words "Limited Liab	LLC	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same_	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: $>$ $ imes$	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<del></del>	Enter Florida stre	et address
		, Florida
	Cuy	Zip Code

#### 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: NIA MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
If the record record is fil	I 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 ed.
Dated	March 35 .2020.
	Signature of a member or authorized representative of a member
	1 ammy 1 Z an SK1  Typed or printed name of signee