## L19000 237000

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

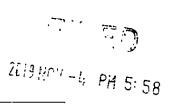
	Registration So Division of Con				
	GNH Elec				
SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Hiense re	turn all correspo	ondence concerning this matter t	o the following:		
		Lawrence Raigrodski			
		<u> </u>	Name of Person		
			Firm/Company		
		5 Farm Haven Ct			
			Address		
		Rockville, Md 20852			
		Lmrcpa57@gmail.com	City State and Zip Code	<del></del>	
		) -man address; et	o be used for future annual report notif	ication)	
For furth	er information e	concerning this matter, please ca	H:		
Gadi Ol			904 673-4335		
		d Person	at () Area Code — Daytime	: Telephone Number	
Enclosed	Lis a check for t	he following amount:			
□ \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



**GNH Electric LLC** 

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida I muted Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on September 19, 2019	_ and assigned
Florida document number L19000237000		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company." the designation "LLC" or the abbre	viation "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)		
		<del></del>
B. If amending the registered agent and/or registered of	fice address on our records, enter the	e 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	ZmCah
New Registered Agent's Signature, if changing Registered Agent:	(n)	z.p Couc
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am fam	iliar with and
being filed to merely reflect a change in the registered office of	address. Thereby confirm that the limite	ed liability

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	<u>Address</u>	Type of Action
MGR 	Idan Revvah	6048 Chester Cir Jacksonville, FI 32257	□ Add
			□ Remove
			🗷 Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
			(Thange
			Remove
			Change
·			
			□ Remove
			□ Change
			Add
			Remove
			□ Change

(H'an et <u>Note:</u>	(optional) (ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	······································
	Gadi Ohnyo Signature of a member of authorized representative of a member
	Gadi Ohayon
	Typed or printed name of signee

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Filing Fee: \$25.00