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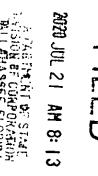
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COVER LETTER

TO:	Registration Sec Division of Corp							
eunira	GAIJ LL	С						
Name of Limited Liability Company								
The enci	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please re	cturn all correspon	ndence concerning this matter	to the following:					
		SIMON NEMNI						
			Name of Person					
		GAIJ LLC						
	Firm/Company							
5151 COLLINS AVENUE PH-H								
			Address					
		MIAMI BEACH, FL 3314	40					
		6	City/State and Zip Code					
		Snemni 1@gmail.com E-mail address: (to be used for future annual report notification)					
For furth	her information co	oncerning this matter, please c	ali:					
SIMON	NEMNI		305 467-0055					
Name of Person			Area Code Daytime Telephone Number					
Enclose	d is a check for th	e following amount:						
≘ \$ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	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

GAIJ LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number __L19000283887 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 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) 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: New Registered Office Address: Enter Florida street address , Florida

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 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
MGR	SIMON NEMNI	5151 COLLINS AVENUE PH-H	= Add
		MIAMI BEACH, FL 33140	□Remove
			□ Change
MGR	BETSY GONZALEZ	5151 COLLINS AVENUE PH-H	
		MIAMI BEACH, FL 33140	
			□ Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
		<u> </u>	Change
			□ Add
			□Remove
			
			Remove
			Change
			bbA
			□Remove
			□ Change

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fective date, if other than the in effective date is listed, the date mute: If the date inserted in this becument's effective date on the I	lock does not meet the appl	icable statutory fili	(option more than 90 days after f ng requirements, this	nal) iling.) Pursuant to 605.02 date will not be listed
ecord specifies a delayed effecti is filed.	ve date, but not an effective	time, at 12:01 a.m	on the earlier of: (b)	The 90th day after th
tedJULY 15	2020		_	
×		cleo	eey	
	Signature of a member or att	horized representative	e of a member	

Filing Fee: \$25.00