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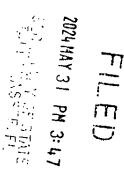
(Requestor's Name)	_				
(Address)	_				
(Address)	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

то:	Registration Sec Division of Corp					
SUBJEC	CONTROL OF THE PROPERTY OF THE	TOS Y MAS LLC				
	~··· <u>~</u>		nited Liability Company			
		Amendment and fee(s) are sul	-			
Please re	turn all correspon	dence concerning this matter	to the following:			
		GERARDO ESCALONA				
	Name of Person					
		SUPER MOTO Y MAS I	LC			
	Firm/Company					
	8400 SW 133RD AVE RD APT 313					
			Address			
		MIAMI, FL 33183				
	City/State and Zip Code gerardo24.gaef@gmail.com					
			to be used for future annual report noti	fication)		
For furth	er information cor	neerning this matter, please c	all:			
GERAR	DO ESCALONA		305 9888329 at ()			
	Name of I	Person	Area Code Daytime	e Telephone Number		
Enclosed	is a check for the	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 Adduses.		0			

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

.

TO:

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

(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 Co	ompany were filed on 12/17/2019	and amimud	
Florida document number L20000000262		and assigned	
This amendment is submitted to amend the following:	_		
A. If amending name, enter the new name of the limit	ted liability company here:		
G&G DOMINION GROUP LLC			
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	ESS)		
			
		7024 HAY	
Enton non-negle and the re-		. Δ –	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>	To: Q	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, enter the nat	ne of the new registere	
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida street address		
	Florida	Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am ent as provided for in Chapter 605, F.S. Or	familiar with and if this document is	
	If Changing Registered Agent, Signature of New Re	gistered 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>	<u>Name</u>	Address	Type of Action
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			□Change

Typed or printed name of signee