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SIMMONS FEB 22 2020

COVER LETTER

SUBJECT:	X1	5 17 1195 0	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	emitted for filing	ı
	ndence concerning this matter		ļ
Transcription and concespo	ndence concerning this matter	to the following.	
	DAISY GONTIJO MEZE	NCIO	1
		Name of Person	
	GIGO LLC		ı
		Firm/Company	
	15844 CORINTHA TER		ļ
		Address	
	DELRAY BEACH - FL 3	3446	
		City/State and Zip Code	
	PRIMEINCOMETAX1@C	MAIL.COM to be used for future annual report r	potification
For further information co	oncerning this matter, please c		otheation
DAISY GONTIJO MEZE		954 200-9398	i I
Name of	Person	Area Code Day	ime Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	<u>:</u>	Street Address:	·

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

GIGOLLIC

company has been notified in writing of this change.

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recordinited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Con Florida document number L20000001810	mpany were filed on 12/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "ELC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2020 (300
(Principal office address MUST BE A STREET ADDRE	<u></u>	Z A
		28 AH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		00
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		· i
	Enter Florida street addres	is 1
	FL	orida
New Registered Agent's Signature, if changing Registered A	City	orida Zip Code

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

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>	<u>Name</u>	Address	Type of Action
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			□Remove
		·	Change
		·	□Add
			Remove
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n effective date is listed, the date must be spec	rific and cannot be prior	to date of filing or mor	(optio c than 90 days after:	• nal) filing.) Pursuan	ıt to 605.02
te: If the date inserted in this block doe cument's effective date on the Departme	is not meet the applic	able statutory filing	requirements, this	date will not	be listed
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Signatur	re of a member or author	orized representative of	a member		
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