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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

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TO:

Registration Section Division of Corporations

SUBJECT: C-C.L.	OF G M W/C Name of Limit	ited Liability Company	
	mendment and fee(s) are sub		
Please return all correspond	lence concerning this matter	to the following:	
	Genora	Name of Person	
	Genora 1	Mucker Lu Firm/Company zz Hd 5+ Address	
	10209 H	ZZ Nd 5+	
	9mw 1055 E-mail address: (F1 33617 City/State and Zip Code City/State and Zip Code Company of the Company	fication)
For further information con	cerning this matter, please ca	all:	
Crejuora Name of F	m ug/Kci' Person	at (<u>\$-13</u>) 607- Area Code Daytim	1518 e Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 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 Se Division of Co P.O. Box 6327	rporations	Street Address: Registration Se Division of Cor The Centre of T	porations Fallahassee
Tallahassee, FI	. JZJ [4	2413 N. MOHO	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICL	ES OF AMIL		
	TO		
ARTICLE	S OF ORGA	ANIZATION	
	OF		
			and assigned
	0111	110	
Geworg m We (Name of the Limited Liab) (A Florid	lity Company as it	now appears on our records)	
(A Flori	da Limited Liability	Company)	, di
		4 . 1 1	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability	Company were f	iled on <u>4/10/202</u> 0	and assigned
Florida document number <u>L 20000 100 502</u>	·		
This amendment is submitted to amend the following:			
	*	,	
A. If amending name, enter the new name of the lin	nited liability co	mpany here:	
GMW I CAVE Support The new name must be distinguishable and contain the words "Li	- Servi	ce LLC	
The new name must be distinguishable and contain the words "Li	mited Liability Com	pany," the designation "LLC" or th	e abbreviation "L.L.C."
	1.45	209 H 22 NO Empa F19 3.36012	1 5+
Enter new principal offices address, if applicable:	10	QUINDA-	<u> </u>
Principal office address MUST BE A STREET ADD	RESS)	Ampa +19	
	•	7.3612	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register	ad affine address	s on our roopeds, onto the	some of the new registered
B. It amending the registered agent and/or register agent and/or the new registered office address here:		s on our records, <u>enter the r</u>	taine of the new registered
Agent where the new tagget of office and the first lief to	-		
/	7		
Name of New Registered Agent:	JUNOTA	WAlker	
Naw Posistand Office Address:	0209 H	ZEND ST	
New Registered Office Address:		Enter Florida street address	
			731 /-
	GMPG Ci	, Florida	
	Ci	y	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Cremora in walker	10208 N RZ +4 GF	□Add
		TGmpg (C)	□Remove
		33612	Change
			🗆 Add
			□ Remove
			□Change
			□Add
		***	□Remove
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			□ Change

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fan effec Note: T	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	April 10 . 7020.
	Alexana Cualker Signature of a member or authorized representative of a member
	GENOVA IN WAILLY Typed or printed name of signee
	(-PLIOVE IN WATILE.

Filing Fee: \$25.00