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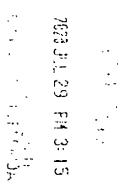
(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	. Certificate:	s of Status
Special Instructions to Fi	iling Officer:	
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		G&V III LLC	,
	Amendment and fee(s) are sub	<u>-</u>	
	HORO	100 505G	
		Name of Person	
	Hora	00 5050 P.A	
		Firm/Company	
	2924 D	avie Rd. Sie. 1	02 / 8
			100
	Davie,	FL 33314	ූ ය
		City/State and 72th Code	<u> </u>
	<u> 15059 (</u>	© 505010g61. C	ication)
For further information co	oncerning this matter, please ca	·	ication) ;. Of
HORACI Name of	O SOSC	at (<u>954) 532</u> Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
图 \$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 Registration S Division of C	ection	Street Address: Registration Sec Division of Con	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Concas G.	VIII, LL	. C	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears or ability Company)	our records.)	
The Articles of Organization for this Limited Liability Company v Florida document number	vere filed on	4/20/2020 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
MOFFIS 310, LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the desig	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		· (L.)	
		<u></u>	
Enter new mailing address, if applicable:	N/A	<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:		rds, enter the name of the new registere	
New Registered Office Address:	Enter Florida	street address	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my rovided for in Cha	duties, and I am familiar with and pter 605, F.S. Or, if this document is	
	N/A		

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			Add Remove Change
			Change
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W/A	
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to de	
ie: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed a
union seriective date on the Department of State S records.	
cord specifies a delayed effective date, but not an effective time, s filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed July 28 , 2020.	
ed	
Signature of a member or authorize	ed representative of a member
/ -	
Horago Sc	