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Account#: I20000000088
For any issues please contact

Cheyanne Davis Date:\_\_\_\_08/20/2024 (850) 202-1882 Name: Cheyanne Davis 2464103 Reference #:\_\_\_\_\_ LMA GS INVESTMENT 2020, LLC Entity Name: Articles of Incorporation/Authorization to Transact Business Amendment Reinstatement ☐ Conversion □ Merger ☐ Dissolution/Withdrawal ☐ Fictitious Name Other

F: 800.944.6607

Authorized Amount:

Signature: \_\_\_\_\_\_ Guyutcaxa\_\_



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:08	3/20/2024	(850) 202-1882				
Name:	Cheyanne Davis					
Reference #:	2464103					
Entity Name:	LMA GS INVEST	MENT 2020, LLC				
Articles of	of Incorporation/Authorization to 3	Transact Business				
☐ Amendm	ent					
Change     Ch	of Agent					
Reinstate	ement					
Conversi	on					
Merger						
☐ Dissoluti	on/Withdrawal					
Fictitious	Fictitious Name					
Other						
Authorized Amo	ount: <b>\$25.00</b>					
Signature:	Ourand Rose	<u></u>				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:				LMA GS INVESTMENT 2020, LLC		
2. (	(a)	no change		(b)	no change	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
3.		6/2/2020  Date of filing/registration in Florida	4.		L20000145796  Document number	
5. (a	(a)	REDDEN, DAVID H Registered Agent and Registered Office shown on the records	s of the Fl	rida Dent of S	tate:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  11600 NINTH ST N				
		CT DETERORUPO	FL.	33716	7024	
(1	(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered	ered Offic	e address:	FILED ANII: 22	
		115 North Calhoun Street, Su  NEW Registered Office Address:	- 22			
		Tallahassee	FL	32301	_	
the age was	cha nt w s/wc	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the read by an affirmative vote of the membeoles of organization or the operating agreement of	s of the r d liabilit ers of the	egistered off y company, i limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
/s/ David Redden			-		David Redden	
I h pro the to n	erel visi ohli nere	ture of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to lete perfo ided for i, I hereb	act in this cormance of m in Chapter 6 by confirm the	Printed or typed name of signee apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Sig	natui	/s/ Michael Carlisle	Sacrata	.,		
- 20		Michael Carlisle, Assistant	Secretal	y		

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00