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COVER LETTER

TO: Registration Set Division of Con			
Ana F Gib	son, LLC		
SUBJECT:	XI	2. 415-125-7	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following.	
	Ana Filipa Cardoso Gibso	n	
		Name of Person	
		Firm/Company	
	8503 Hollyridge Road		
	Jacksonville, FL 32256	Address	
	Anafilipagibson@gmaii.co	City/State and Zip Code	7020 SEP
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	, es
Ana Filipa Cardoso Gibson		904 660-5904	7
Name o	of Person	at ()	e Number (3)
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Section Division of Corporations	s
P.O. Box 633		The Centre of Tallahasse	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION Oi

ANA F GIBSON, LLC

Name of the Limited Liability C	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Com 1.20000175876 Florida document number	pany were filed on	and a	issigne.'
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
ANA FILIPA CARDOSO GIBSON, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	c abbreviation "	L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	fice address on our records, <u>enter the n</u>	ame of the n	ew registere
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida street address	<u>-त</u>	
	, Florida	: :- :: :: :: :: :: :: :: :: :: :: :: :: :	•
	City	Zip Cod	le

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, 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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