## L20000183466

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	Compar	ny name		
30BJECT	<b>'</b>	ated Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Godfrey Gedeon  Name of Person			
		Name of Person		
		Firm/Company	<del></del>	
		12040 S Las I	Palmas Dr	
	Pemhrok	e Pines FI 33025		
		City/State and Zip Code		
	Siri	gedeon@gmail.com		
		to be used for future annual repor	t notification)	
For further information c	oncerning this matter, please ea	all:		
	frey Gedeon	at ( <u>786</u> ) Area Code D.	702-2354	
Name o	f Person	Area Code D	aytime Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	The Centre	n Section Corporations of Tallahassee onroe Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Frey G		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on o	ur records.)	
(A I NIMA LIMICA	гласану семрануу		
The Articles of Organization for this Limited Liability Company	were filed on	06/30/2020	) and assigned
Florida document number <u>L20000183466</u>			
Prorida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
	Frey Goodz LL	С	
The new name must be distinguishable and contain the words "Limited Liabi			reviation "L.L.C."
Enter new principal offices address, if applicable:			
•			~ ~
(Principal office address MUST BE A STREET ADDRESS)			= = = = = = = = = = = = = = = = = = = =
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		-	20 2
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			2
and and address SEAT DE AT OST OFFICE DOLY			9
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	aguress on our record	is, <u>enter the name</u>	of the new registere
agent angor the new registered white address nere.			
Name of New Registered Agent:			<del>_</del>
New Registered Office Address:			
	Enter Florida sti	reet address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
<del></del>			t sale at
I hereby accept the appointment as registered agent and agr	ree to act in this capac	city. I further agr	ee to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as [	r perjormance of my a provided for in Chapt	uures, ana r am je wr 605 F.S. Or. 1	immar wareana if this document is
being filed to merely reflect a change in the registered office	address, I hereby con	nfirm that the lim	ited liability
company has been notified in writing of this change.	•	,	•

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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			Change
			□Add
			□ Remove
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f an effective Note: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Departn	ecific and cann ses not meet t	ot be prior to da the applicable	te of filing or me statutory filing	ore than 90 days a	ntional) fter filing.) Pursuar this date will not	it to 605.0 be lister	)20 d a
record spec d is filed.	rifies a delayed effective date	, but not an e	ffective time,	at 12:01 a.m. c	on the earlier of:	(b) The 90th d	ay after	the
Dated	10/20/2021	·		5				
		S	/					

Filing Fee: \$25.00