120 COC 192145

(Re	questor's Name)	
DĀ)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900350733129

08/24/20--01017--017 19:25.00

2020 AUG 24 PH 3: 5

O SIGNIVIONS
OCT 07 2020

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	OP Ah F Name of Limi	GSh'ONIS LLC ted Liability Company	 -
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
	ndence concerning this matter t		
	Roger Ro	Se Name of Person	
		Firm/Company	
	7749	Normandy Blu	d 145-130
	Jacksonu	City/State and Zip Code	221
	~	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
For further information co	oncerning this matter, please ca	ili:	
hoger ho)SC Person	at (<u>404</u>) <u>537</u> Area Code Daytime	-410/ e Telephone Number
Enclosed is a check for th	e 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 Addres Registration S		Street Address: Registration Sec	ction
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	porations
1.0.000002	<i>i</i>	THE COUNTY OF I	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 AU3 24 PH 3: 59

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2 00 00 192 141</u>	were filed on $7/07-2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7749 Normandy Aud 145-1 JACKSONIVITE 17/32221
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	7749 Nonmandy god 145-1 TACKSONIVILLE P1 32221
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
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 ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or, if this document is

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

Title Name 2.78.500 Address Type of Action

AMBR = A	uthorized Member	I NEW GOOTE	
<u>Title</u>	<u>Name</u> 2320	AUG Address	Type of Action
MGR	Brancy Thompson	TAUS Address 7749 Normanay Blood 145	-130 _EMdd
		5446 POTOMAR AUP Jacksanlille F1 32254	ERemove
		Jacksoulille F/ 32254	€ □Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

to U	Unom	It ma	y CON	CRM
we all u	DONT	MA		COCKY ESPS
Be Changeo	1 10	,	Horman	
		1749-	Horman	cay BI
	T	acksore	alle Fl	<i>3225</i>
				-
				
	Th	and (1		<u> </u>
	·	1		3 10 1 24
		20 0	760 a	
		RIA		:7 :7
	_		- - —	<u> </u>
			•	
tive date, if other than the date of f	iling:	or to date of filing or me	(option greathan 90 days after file	al)
If the date inserted in this block does the ment's effective date on the Department	ot meet the appl	icable statutory filing	requirements, this d	ate will not be liste
ord specifies a delayed effective date, but filed.	not an effective	time, at 12:01 a.m. c	n the earlier of: (b)	The 90th day after
8/1212020				
men)	·	·		
	11 - 15		of a member	