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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer | | | |
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Office Use Only



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DIVISION OF COMPORALIS

T. MATTHEWS

COVER LETTER

| то: | Registration Section ' Division of Corporations |
|--------|---|
| SUBJ | ECT: GDCC CODKIN LLC. Name of Limited Liability Company |
| The er | nclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | Latonya Lewis. Name of Person |
| | GOOCI COOKIN LIC Firm/Company |
| | 475 NW Dover Ct |
| | POA St. LUCIL, FLA 34983 City/State and Zip Code 9000000 Kin. 1100 gmail. Com G-mail address: (to be used for future annual report notification) |
| | |
| For fu | rther information concerning this matter, please call: |
| | Atonya Lewis at 7772, 349-7008 Area Code Daytime Telephone Number |
| | red is a check for the following amount: 25.00 Filing Fee \$\ \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT SECRETARY OF STATE TO DIVISION OF CORPORATION ARTICLES OF ORGANIZATION 22 HAY 20 AM 8: 56

| (Name of the Limited Liability Comp. | any as it now appears on our records.) Liability Company) | | | |
|--|---|--|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number 12000 716484 | were filed on 07 23 2020 and assigned | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." | | | | |
| Enter new principal offices address, if applicable: | 1107 S 33rd Street | | | |
| (Principal office address MUST BE A STREET ADDRESS) | toa. Pierce, Fla 34941 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 475 NW Dorer C+ POA St. Lucie, Fla 34983 | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: | | | | |
| Name of New Registered Agent: Latory | Roshell Lewis - MGR | | | |
| New Registered Office Address: 415 NV | V WYEY CF Enter Florida street address | | | |
| POAS | 5+. Urle Florida 34983 City Zip Code | | | |

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.

Thanking 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> | Name | Address | Type of Action |
|--------------|------------------|---|----------------|
| mgr | Latonya R. Lewis | 475 NW DOVER CT POAST LUCIE, FLA 349 | (tradd |
| | | POASH Lucie, Fla 349 | Remove |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| E. Effective date, if other than the date of filing: |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. |
| Dated May 14 . 2022. |
| |
| Signature of a member or authorized representative of a member |
| la la companya de la |
| Typed of printed name of signee |

Filing Fee: \$25.00