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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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(10/22/2027

COVER LETTER

Division of Cor			
SUBJECT:	G55 N	Lational LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	missed for filing	
	•		
Please return all correspo	ndence concerning this matter	to the following:	
		simul Martin	
		Name of Ferson	
		Firm/Company	LC
	•	_	
	926	W. Thorpe St	
		Address	
	T.11.1.	El 2)321	
		City/State and Zip Code	
	ร _ั บ a	port C 955 nation	c).com
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
<i>/</i> · 1	٨٨ ١	4/=	
<u></u>	Martin	at (<u>%63</u>) <u>399</u> Area Code Daytin	-8925
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	tion
Registration : Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G55 N2	stional LLC 446. 125 11 2:03
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7/31/2020}{}$ and assigned
Florida document number £ 2000 22 1129	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	448 W Therpe st svite 3005, Tallahassee Fl, 32301
B. If amending the registered agent and/or registered office a 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
	Planida

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

Title	<u>Name</u>	Address	Type of Action
MER	Thorie Beauge	926 W Thurpe St	CAdd
		726 W Trupe St Tallahassee, F1, 32301	□Remove
			□Change
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Effective date, if other than the date of filing:		
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Signature of a member or authorized representative of a member		
	Dated	10/25/32
		Control of a multiple of a mamber

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Filing Fee: \$25.00