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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	355 Nationa		
	Name of Limite	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
		Simul Martin	1
		55 Wationa	
		Georgia St Ta	
	Tallahasse	City/State and Zip Code Port C 955 Natibe used for future annual report notifi	
	E-mail address: (to	pport @ 955 nat be used for future annual report notifi	cation)
For further information c	oncerning this matter, please cal	1:	
	M CIH, M	at (<u>\$63</u>) <u>359 -</u> Area Code Daytime	SG28 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)	☐ \$60.00 Filing Fee, Certificate of Status & 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 TO ARTICLES OF ORGANIZATION OF

GSS Wationa) LLC
(Name of the Limited Liability Compan (A Fiorida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1}{20000} \frac{1}{2000} \frac{1}{2000} \frac{1}{2000}$.	vere filed on $67/31/200$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	324 Lincoln Ave, Ounder F1
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	324 Lincoln Ave, Dunder Fl 33338 POBOX 963
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new reg</u> istered
Name of New Registered Agent:	2023,
New Registered Office Address:	
	Enter Florida street address Florida City Enter Florida Street address Zip Codd
New Registered Agent's Signature, if changing Registered Agent:	D 2:3
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>A M B</u> R	Thorie Beauge	324 Lincoln Ave, Duncter, F/	⊠Add
			□Remove
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			□Add
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			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 [3] Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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 cord is tiled. Dated Dated Signature of a number or authorsed representative of a number.	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member	ated $6/21/23$
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Filing Fee: \$25.00