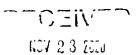
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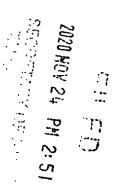
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COVER LETTER

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			,
	Name of Lim	ited Liability Company	
1 Aminto, of	Norward and Engley and with	-in A Ca Slina	
all correspo	ndence concerning this matter	to the following:	
	Susan Mutua Wilson		
		Name of Person	
	GA-MA INNOVATIONS	LLC	
		Firm/Company	
	5706 New Independence P	arkway	
		Address	
	Winter Garden FL 34787		
		City/State and Zip Code	
	_		
	E-mail address: (i	to be used for future annual report not	tification)
nformation c	oncerning this matter, please ca	all:	
a Wilson		407 925-8763	
Name o	f Person	Area Code Daytir	ne Telephone Number
a check for th	ne following amount:		
Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
	GA-MA IN d Articles of all correspo	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter Susan Mutua Wilson GA-MA INNOVATIONS 5706 New Independence P Winter Garden FL 34787 gama.innovations@gmail.co E-mail address: (information concerning this matter, please can a Wilson Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	Address Winter Garden FL 34787 City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter, please call: a Wilson Name of Person Address Winter Garden FL 34787 City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter, please call: a Wilson Name of Person City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter. please call: a Code Solution Name of Person City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter. please call: a Code Solution City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter. please call: a Code Solution City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter. please call: a Code Solution City/State and Zip Code gama.innovations@gmail.com E-mail address: (to be used for future annual report no nformation concerning this matter. please call: a Code C

TO:

Registration Section

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

GA-MA INNOVATIONS LLC

impany has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company Florida document number 1.20000277659	were filed on 9/0	ere filed on 9/04/2020		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the d	lesignation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			0.20	
			7 8 n	
Enter new mailing address, if applicable:	<u> </u>	CHANGES	2020 NOV 24 PH 2	
(Mailing address MAY BE A POST OFFICE BOX)			े प	
	<u> </u>		<u> </u>	
			<u> 5</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r	ecords, <u>enter the</u>	name of the new regi	
Name of New Registered Agent: 45	CHANGES			
New Registered Office Address:				
	Enter Florida street address , Florida City Zip Code			
	City		Zip Code	

ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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
MGR	Susan Mutua Wilson	5706 New Independence Pkwy Winter Garden FL 34	7{ ≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	ffective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ord 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 filed.
Dated	1 11/16/2020
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00