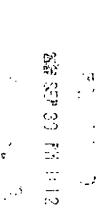
L20000280652

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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OCT 0 1 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 09/30/2020		**WALK IN**
ENTITY NAME GAZIL LI	_C	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
	Certified Copy Certificate of Status	
***************************************	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY** Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI NUMBER OF CERTIFICAT	ONES REQUESTED	_
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	
Please call Tina at the	c above number for any issues or concerns. Thank you so	much!

COVER LETTER

TO: Registration S Division of Co			
GAZIL LI	L.C		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Xiomara Irizarry		
		Name of Person	
	ZenBusiness PBC		
		Firm/Company	
	5900 Balcones Drive Suite	: 5000	
		Address	
	Austin, TX 78731		
	6.1611	City/State and Zip Code	
	fulfillment@zenbusiness.co E-mail address: (om to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Xiomara Irizarry C/O Z	enBusiness PBC	844 493-6249	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

Tallahassee, FL 32314

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 21.0 ST - 30 7H 9: 54

GAZIL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A riond	ia Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L20000280652</u>	Company were filed on 09/08/2	020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		·····
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		······
New Registered Office Address:		
	Enter Florida si	treet address
		, Florida
	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.

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 2.482.139 AH 9:54 Title Name **Address** Type of Action□Remove _____ □Remove ____ □ Remove _____ □Remove ______ Change ______ □Add _____ □ Remove

_____ □Change

CORLEY, CAMILA will be	changed to Costa, Camila		
	***	2020 SET 313	# 역: 도/.
			
			
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			**
ective date, if other than the	date of filing:		_ (optional)
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior i	to date of filing or more than 90 d	ave after filing) Purcuent to 605 020
cument's effective date on the De	partment of State's records.	iole statutory ming requirence	aus, this date will not be listed a
ecord specifies a delayed effective	date, but not an effective tir	ne at 12:01 a.m. on the earlis	er of (b). The Oath day after the
is filed.		ne, at 12.01 with, on the carry	or on (0) The your day after the
September 29	2020		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
/s/ Dustin Corley			
	Signature of a member or author	rized representative of a member	-
Dustin Corley			

Filing Fee: \$25.00