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		COVER LETTER						
10: Registration Se Division of Cor								
SUBJECT: <u>GBU, LL</u>		sted Lizbility Company						
		ana thanna y Condanny						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.						
Please return all corresp	indence concerning this matter	to the following						
	Processing Departme		<u> </u>					
		Name of Person						
		Firm/Company						
	5605 Riggins Court							
		Aúdress						
	Reno, NV 89502	City/State and Zip Code						
	returndocs@incat	uthority.com	ation)					
For further information of	concerning this matter, please ca							
Processing Departm	ent	800 <u>638-2320</u>						
Name (si Person	Area Code Daytime	Telephone Number					
Enclosed is a check for t	he following amount.							
E \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Stan Certified Copy (admons) cops is en;					
	ING ADDRESS:	STREET/COURIE						
Divisio	ration Section in of Corporations	Registration Section Division of Corpora						
	m. 6327 assee, FL 32314	Clifton Building 2661 Executive Cen Fallahassee, FL 123						

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GBU. (Name of the Limited Lability Company (A Licenta Limited L) a) it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L20000282305</u> This amendment is submitted to amend the following:	were filed on September 9, 2020 and assigned
A. If amending name, enter the new name of the limited linbi	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LL
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)	

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:		
New Registered Office Address:	Enter Hunda street ada	bes:
		Florida
	Cin	Zip Code

New Registered Agent's Signature, if chauging Registered Agent:

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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

Page 1 of 3

If amending Authorized Person(s) authorized to inadage, <u>cuter the fifty, name, and address of each person, hence added</u> or remissed from our records:

MGR = Manager

AMBR = Authorized Member

<u>litte</u>	Name	<u>Address</u>			
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E. Effective date, if other than the date of filing: _________________________________(optional) (It methecuse date is based, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan to 005.0207 (J.Rb). <u>Note:</u> 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.

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.

1) aired 11-13-2022 A.	
Mensione il a memper or subserven representative ol a member	
John Edouard	
Typed or printed name of signer	-



Filing Fee: \$25.00