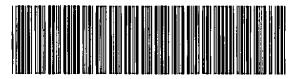
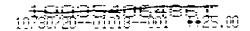
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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12/8/20

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
The Gear S	pot, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Chester J Hosch, Esq.		
		Name of Person	
	Burr & Forman LLP		
		Firm/Company	
	171 17th Street NW, Suite	1100	
		Address	
	Atlanta, GA 30363		
		City/State and Zip Code	
	chosch@burr.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
Chester J Hoseh		404 685-4279 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Address Registration : Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Gear Spot, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number 1,20000317349	Company were filed on October 7, 2020	and assigned
This amendment is submitted to amend the following:	·	20
A. If amending name, enter the new name of the lin	mited liability company here:	F1L 2020 OCT 30
The GearSpot, LLC		73 T
he new name must be distinguishable and contain the words "Lu	mited Liability Company," the designation "LLC	C" or the abbreviation "Letter"."
Enter new principal offices address, if applicable:		- A D
<u>Principal office address MUST BE A STREET ADD</u>	<u> </u>	. 8
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		
		_
 If amending the registered agent and/or registere agent and/or the new registered office address here: 		the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	33
	, FI	lorida
	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 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
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			□Remove
			□Change
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	specifies a delayed of d.	effective date, but	t not an effective	e time, at 12:0	l a.m. on the earl	ierof:(b) Tl	ne 90th day after th
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rd is tiled Dated	etober 28	Signaftire	of a member or at	nhorized represe	entative of a membe	er	