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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

GENT HOI	LDINGS LLC		
SUBJECT,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Elizabeth Bertrand		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Palumbo & Bertrand, P.A.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2500 S. Bumby Ave.		
		Address	
	Orlando, FL 32806		
		City/State and Zip Code	<u> </u>
	elizabeth@palumbobertrand		
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please co	all:	
Elizabeth Bertrand		407 960-2835 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	<u>s:</u> Section	Street Address: Registration Sect	ion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	ibility Company as it now appears on our records orida Limited Liability Company)	.)
The Articles of Organization for this Limited Liabilit Florida document number L20000331169	y Company were filed on 10/19/2020	and assigned
This amendment is submitted to amend the following	; :	
A. If amending name, enter the new name of the l	limited liability company here:	
G2 Holdings Group LLC		
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC"	or the abbreviationL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	10年 3 10 10 10 10 10 10 10 10 10 10 10 10 10
Enter new mailing address, if applicable:		26 ORIO
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office add <u>ress her</u>		he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	· · · · · · · · · · · · · · · · · · ·	rida
	City	Zip Code

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

GENT HOLDINGS LLC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR SWENSON, KRISTIAN L	495 PRESTON ROAD		
	1.ONGWOOD FL 32750	≡ Remove	
		□Change	
		\ _Add	
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		Remove	
		Change	
		□Add	
		Remove	
		Change	
		□Add	
			Remove

11 4016	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an ef <u>Note:</u>	ive date, if other than the date of filing:
e reco rd is f	rd 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	11.15
	Signature of a member or authorized representative of a member
	Donald M. Glessner II Typed or printed name of signee

Filing Fee: \$25.00