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COVER LETTER

Registration Section Division of Corporations

TO:

	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:	
	DAVID GURVIS		
		Name of Person	
	GURVIS CONSULTING.	LLC	
		Firm/Company	
	400 EAST BAY STREET.	SUITE 1608	
		Address	
	JACKSONVILLE, FL 322	202	
		City/State and Zip Code	
	dgurvis1@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
DAVID GURVIS		904 982-8027	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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 Status & Certified Copy (additional copy is enclosed)
	: <u>s:</u>	Street Address:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I (A.)	iability Company as it now appe lorida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on	OCTOBER 28, 2020 and assigned
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	200
Principal office address MUST BE A STREET A	(DDRESS)	
		9 T
Enter new mailing address, if applicable:		
•		ນີ
Mailing address MAY BE A POST OFFICE BO	<u></u>	2
3. If amending the registered agent and/or registered and/or the new registered office address h		records, enter the name of the new regist
Name of New Registered Agent:	DAVID GURVIS	
New Registered Office Address:	000 EAST BAY STREET. SUГ	LE 1908
Control Carles (1888)	Enter Fi	lorida street address
	ACKSONVILLE	, Florida <u>32202</u>
-	Cit ₁ ·	Zip Code

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

GURVIS CONSULTING, 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>	<u>Address</u>	Type of Action
AMBR	DAVID GURVIS	400 E BAY ST, STE 1608, JACKSONVILLE FL	3220ï ≡ Add
			□Remove
			□Change
AMBR	DAVID G GURVIS	400 E BAY ST, STE 1608, JACKSONVILLE FL.	3220 □Add
			Remove
			Remove HOV To Charge
			Add PAdd PAdd PAdd PAdd PAdd PAdd PAdd
			○ -> □Remove
			□Change
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Tanting data if other than the data of filings	(optional)
fective date, if other than the date of filing: in effective date is listed, the date must be specific and cannot be prior to	to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicance of the date inserted in the Department of State's records.	able statutory filing requirements, this date will not be listed a
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record specifies a delayed effective date, but not an effective tir	me, at 12:01 a.m. on the earlier of: (b) The 90th day after th
is filed.	
NOVEMBER 16 2020	
nted NOVEMBER 16 2020	<u> </u>
Clanature of a manufactor author	rized representative of a member
Signature of a member of autho	and representative of a member