L21000017857

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COVER LETTER

TO:

Registration Section

Division of Con	rporations					
WILNICK	FOODS 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:				
	Tisha Hayles					
		Name of Person	.			
		Firm/Company		202		
	8488 S Coral Cir			EB &		
		Address		20		
	North Lauderdale, FL 330	68	(1) (1) (1) (2)			
	aaestateholdings@gmail.co	City/State and Zip Code	<u> </u>	;: 1 ₄ 7		
	E-mail address: (to be used for future annual report no	tification)			
For further information of	concerning this matter, please o	all:				
Tisha Hayles		954 444-3655 at ()				
Name o	f Person	Area Code Daytii	me 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 Certificate of Certified Cop (additional copy	Status &		
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection			
Division of Corporations		Division of Corporations				
P.O. Box 632 Tallahassee,		The Centre of	Tallahassee oe Street, Suite 810			
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lithick Foods LLC

(A Florida Limited Liability Comp	pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number $\frac{L21000017857}{L21000017857}$	on 1/06/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
Giometric Designs LLC	
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 applicable:	
(Principal office address MUST BE A STREET ADDRESS)	021
	CO 1 Trans
Enter new mailing address, if applicable:	् ए
(Mailing address MAY BE A POST OFFICE BOX)	200
	77 - E
	
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Ente	er Florida street address
	Florida

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.

City

Zip Code

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
MGR	Nicholas Viera	8488 S Coral Cir	□Add
		North Lauderdale, FL 33068	≣Remove
			□Change
			□ Add
			🗀 Remove
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ffective date, if othe	I, the date must be specifited in this block does it	ic and cannot be prior to d not meet the applicable	ate of filing or more than 90 e statutory filing requirer	(optional) days after filing.) Punents, this date will	ursuant to 605.0207 If not be listed as
an effective date is listed of the open of the date insert					
an effective date is listed iote: If the date insert ocument's effective da record specifies a dela		t not an effective time,	at 12:01 a.m. on the ear	lier of: (b) The 9	Oth day after the
an effective date is listed interest in the date insert ocument's effective date.	ayed effective date, but	1 <u>606</u>	at 12:01 a.m. on the ear		Oth day after the

Filing Fee: \$25.00