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(Re	equestor's Name)	
(Ad	ldress)	· ·
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
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(LC	cument Number)	
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:					
CUBIC		in Things			
SUBJE	C1:	Name of Lin	nited Liability Company		
				•	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Gershom Israel		·	
			Name of Person		
		Name of Limited Liability Company			
			Firm/Company		
		3730 Bramble Road			mber Of Filing Fee. ifficate of Status & iffied Copy (ional copy is enclosed)
			Address		
		Jacksonville, Florida 3221	0		
			•		
For fort	ier information c		·	,,	
Gershor					
Cicisnoi		CD.			
	Name o	of Person	Area Code Daytime Telep	hone Number	
Enclosed	l is a check for th	he following amount:			
□ \$ 25	00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)	
				•	P
	_	Section Corporations 27	Registration Section Division of Corporat	ions assec pet, Suite 810, 5 0	=

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gerts Grillin Things		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on ou I Liability Company)	r records.)
he Articles of Organization for this Limited Liability Compan		
lorida document number L21000042653	, <u></u>	
orida document number		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
		QD
nter new mailing address, if applicable:		NO.
Mailing address MAY BE A POST OFFICE BOX)		
		= 1
		-
If amending the registered agent and/or registered office	address on our records	enter the name of the new revisto
ent and/or the new registered office address here:		TO -
Names of Many Development Amount		292
Name of New Registered Agent:		7 m:
New Registered Office Address:		
	Enter Florida stree	et address
		, Florida
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gershom B Israel Sr.	3730 Bramble Rd. Jacksonville, Fl 32210	■Add
			⊡Remove
			C Change
MGR	Gershom B Israel Sr.	3730 Bramble Rd. Jacksonville, FI 32210	
			□Remove
			☐Change
			当一
			Remove
			- Si Change
			DAdd
			Remove
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reffe te: I	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date is effective date on the Department of State's records.	g.) Púrsuandto 605.020 e will not be listedar
cume	s effective date on the Department of State's records.	i i D
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	he 90th dagafter the
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. F	ruary 19 2021	
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