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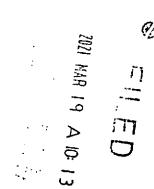
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COVER LETTER

TO:

TO: Registration Division of	on Section f Corporations	
	IINIED FRANCOIS, LLC	
SUBJECT:	mited Liability Company	
The enclosed Article	es of Amendment and fec(s) are su	bmitted for filing.
Please return all cor	respondence concerning this matte	r to the following:
	GEESHNIED FRANCOI	S
		Name of Person
	GEESHNIED FRANCOI	S, LLC
		Firm/Company
	2013 E NEW ORLEANS	SAVE
		Address
	TAMPA, FL 33610	
	GFRANCO11914@GMA	City/State and Zip Code IL.COM
	E-mail address:	(to be used for future annual report notification)
For further informat	tion concerning this matter, please	call:
GEESHNIED FRA	NCOIS	813 4824488 at ()
N'	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
■ \$25.00 Filing F	Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 22 5 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEESHNIED FRANCOIS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{02/22/2021}{1}$ ___ and assigned Florida document number 1.21000086071 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent and agree to act in this capacity. I further, agrees comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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
MGR	GEESHNIED S FRANCOIS	2013 E NEW ORLEANS AVE TAMPA, FL 33610	= Add
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