L21000095196

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•		COVER LETTER .
	ion Section	
Division o	of Corporations	® ♥ →
"GEA	N INVESTMENTS LLC	
SOBJECT,	Name of L	mited Liability Company
The enclosed Artic	les of Amendment and fee(s) are st	abmitted for filing.
Please return all co	rrespondence concerning this matte	er to the following:
	JOHNSON NINO	
		Name of Person
	ASSETS LEADER LLC	
		Firm/Company
	17180 ROYAL PALM E	BLVD SUITE 3
		Address
	WESTON FL 33326	
		City/State and Zip Code
	info@assetsleader.com	: (to be used for future annual report notification)
For further informs	ntion concerning this matter, please	•
	mon concerning this matter, piease	
JOHNSON NINO		954 5050222 at ()
,	Same of Person	Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:	
■ \$25.00 Filing 1	Fee \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy See (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ' TO ARTICLES OF ORGANIZATION OF

GEAN INVESTMENTS 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 $\frac{02/26/2021}{1}$ _____ and assigned Florida document number ______121000095196 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 City New Registered Agent's Signature, if changing Registered Agent: New Registered Agent's Signature, it 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	ASSETS LEADER LLC	17180 ROYAL PALM BLVD	= Add
		SUITE 3	□ Remove
		WESTON, FL 33326	☐ Change
			□Add
			□Remove
			
		_	□Add
			□Remove
			□Change
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Effective date, fan effective date Note: If the date document's effec	inserted in this	block does not	t meet the appli	icable statutory	g or more than 90 of filing requirem	(option: days after fill ents, this d	al) ing.) Pursua ate will no	ant to 602 ot be list	5.0207 ted as
record specifies d is filed.	a delayed effec	tive date, but n	ot an effective	time, at 12:01	a.m. on the earli	er of: (b)	The 90th		er the
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MARCH	16		<u>/</u>	·			•	A 1	
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	16	Signature of	<u>/.</u>	horized represen	tative of a membe	er		22 P	

Filing Fee: \$25.00