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S.C.

# **COVER LETTER**

## TO: Registration Section Division of Corporations

· .

The Gaby Group Holdings, LLC

SUBJECT:

Name of Limited Liability Company

### The enclosed Articles of Amendment and fce(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hunter Faulker

Name of Person

Jimerson Birr, P.A.

Firm/Company

EIndependent Dr., Suite 1400

Address

Jacksonville, FL 32202

City/State and Zip Code

hfaulkner@jimersonfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Phillip Gaby
 904
 704-7819

 Name of Person
 Area Code
 Daytime Telephone Number

Enclosed is a check for the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Gaby Group Holdings, 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  $\frac{3/4/2021}{21000104557}$  and assigned Florida document number  $\frac{L21000104557}{21000104557}$ .

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 "LLC."

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 addre	285
	, F	lorida

### 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 familier with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability.

117

 $\mathbf{b}$ 

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 Address **Type of Action** <u>Title</u> <u>Name</u> 100 Port Ave MGR Philip Gaby \_□Add St. Johns, FL 32259 Remove 11251 BUSINESS PARK BLVD N., #5 AND #6 The Gaby Group, LLC MGR. 🗏 Add JACKSONVILLE, FL 32256 Remove \_\_\_ 🖸 Change \_\_\_\_\_ 🗆 Remove \_\_\_\_\_ Change \_\_\_\_\_ 🗆 🗔 Add \_\_\_\_\_ 🗆 Change \_\_\_\_\_ 🖾 Add A Remove NДР 77 □Change. w $\triangleright$ 1 de la <u>.</u> 55 \_ 🗆 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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