## L21000159844

(Req	uestor's Name)	
(Add	ress)	
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(City.	/State/Zip/Phone	e #)
PICK-UP	Mait	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor		 . <b></b>			
			SETRAGNI LLC		•	
SUBJE	CT:	Name of Lin	nited Liability Company			
			, ,			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
			SETRAGNI, WADDINGTON	<b>;</b>		
			Name of Person			
	SETRAGNILLC					
			Firm/Company			
			4901 SUNBEAN RD APT 13	28		
			Address			
			JACKSONVILLE, FL, 3225	7		
			City/State and Zip Code		, ייק	
			VFO@SAFEWAYFL.COM  to be used for future annual report	notification)		
For furt	ther information c	oncerning this matter, please c		not realien,	·	
SETRA	AGNI, WADDING	TON	619 807-064	17	88	
	Name o	f Person	Area Code Da	ytime Telephone Number	N III 20	
Enclose	ed is a check for th	ne following amount:				
<b>\$</b> \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

Mailing Address:

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

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

	GNI LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparation document number $\frac{L21000159844}{L21000159844}$ .	ny were filed on JUNE 23, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		,
Mulling dudress MAT BE A FOST OFFICE BOAT		77
		·
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	e address on our records, enter the na	me.of the new regis
		>
Name of New Registered Agent:		= 1
New Registered Office Address:		
	Enter Florida street 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>	Address	Type of Action
AMBR	WADDINGTON SETRAGNI	4901 SUNBEAN RD APT 128, JACKSONVILLE, FI	l. _ <b>≣</b> Add
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ffective date is listed, t If the date inserted ment's effective date	he date must be specif I in this block does e on the Departmen	filing: JUNG ic and cannot be prior not meet the applicate of State's records. It not an effective tire	o date of filing of mo ble statutory filing	re than 90 days after f requirements, this	iling.) Purs date will r	not be listed
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