h21000173234

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(Address) (City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration So Division of Con			
	COMPANY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	TALITA BENDILATTI		
		Name of Person	
	CONNECTION CONSUL	LTING LLC	
Firm/Company			
	7450 DR PHILLIPS BLV	D, STE 303	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	CONTACT@CONNECTION		(D)
	E-mail address: ((to be used for future annual report notification)	
For further information of	concerning this matter, please c	call:	•
TALITA BENDILATTI	I	407 704-4929 at ()	٦ - ا
	of Person	Area Code Daytime Telephone Number	ΞD (
Enclosed is a check for t	he following amount:		<u>-</u>
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
Mailing Address Registration		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	^
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	J

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GYBBOR COMPANY LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records. Liability Company)	()	
The Articles of Organization for this Limited Liability Company	were filed on ()4/14/2021	and assig	ned
Florida document number L21000173234			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)			
	,	. (70
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			i
			-
]
3. If amending the registered agent and/or registered office	address on our records, <u>enter t</u>	he name of the new-	regist
gent and/or the new registered office address here:		24	~
		:	. ;
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	<u> </u>	
	Enter Florida street address		
	City,	ridaZip Code	
	3,441	1317 COME	

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 Changing Registered Agent, Signature of New Registered Agent

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
MGR	LUCIANA MADEIRA DA SILVA	14 N REED AVE	
		MOBILE, AL 36604	□Remove
			□Change
			□Add
			□Remove
			□Change
		C.	☐ Add (I) ☐ Remove ☐ □ Change
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ective date, if other than the date of filing: 1 effective date is listed, the date must be specific and cannot be prior to date.	ate of filing or more than 90 d	_ (optional avs after tiling) : : : : : : : : : : : : : : : : : : :
te: If the date inserted in this block does not meet the applicable	statutory filing requireme	nts, this dat	e will not be listed
cument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) T	he 90th day after t
s filed.			
JUNE 25TH . 2021			
THE	•		
Signature of a member of personize	d representative of a member		
	/ES PRAZERES		