人21000192333

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COVER LETTER

Division of Co						
CEECRE	TS, LLC		•			
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
	FRANK KEASLER, CHI	EF STRATEGY OFFICER				
	•	Name of Person				
	G8 EQUITY, LLC					
		Firm/Company				
	9424 BAYMEADOWS ROAD, SUITE 110					
	•	Address	,,,			
	JACKSONVILLE, FL 32226					
		City/State and Zip Code	<u>.</u>			
	fkeasler@g8equity.com					
		to be used for future annual report not	ification)			
For further information	concerning this matter, please c	all:				
FRANK KEASLER		904 208-8500 at ()				
Name	of Person	Area Code Daytin	ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 63		The Centre of T	Fallahassee			
Tallahassee.	e Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEECRETS, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	nears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L21000192333</u>	04/30/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	, (5)
Enter new mailing address, if applicable:	· 🔀
(Mailing address MAY BE A POST OFFICE BOX)	,7 1
	150
	<u> </u>
B. If amending the registered agent and/or registered office address on ou	r records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	Florida
City	Ziv 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>	Name	Address	Type of Action
PRES.	CEDRIC D. GRIFFIN	9424 BAYMEADOWS ROAD, STE. 110	≡ Add
		JACKSONVILLE, FL 32256	□Remove
			□Change
V.P.	FRANK KEASLER	9424 BAYMEADOWS ROAD, STE. 110	≣ Add
		JACKSONVILLE, FL 32256	□Remove
			□Change
			□Add
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				18.117.11100	
ective date, if other than the effective date is listed, the date must te: If the date inserted in this blowment's effective date on the De	ick does not meet the a	pplicable statut	iling or more than 90 ory filing requirer	(optional) days after filing.) Pu ments, this date will	rsuant to 605.02 I not be listed :
cord specifies a delayed effective s filed.	date, but not an effect	ive time, at 12:	01 a.m. on the ear	lier of: (b) The 90	9th day after th
ed AUGUST 27	2021				
2		~	B		

Filing Fee: \$25.00