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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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Office Use Only



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on IIIN 21 PH 1: 12

COVER LETTER

Registration Section

TO:

Division of Cor	porations			
	ESTMENTS LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249 S	STE 220		
	Address			
HOUSTON, TX 77064				
		City/State and Zip Code		
	EFILE1234@INCFILE.CO			
	E-mail address: (to be used for future annual report not	tification)	
For further information of	concerning this matter, please ca	all:		
LOVETTE DOBSON		888 462-3453		
Name o	of Person		ne Telephone Number	
Enclosed is a check for t	he 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 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	GT40 INVESTMENTS LLC	21 JUN 21 PH 1: 12
(Name of the Limit	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Li Florida document number L21000214368	iability Company were filed on 05/07/2	021 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address		ds, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	ireet 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 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 ad or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

MGR = Manager AMBR = Authorized Member		Address 21 JUN 21 PM 1: 12 Type of Actio		
<u>Title</u>	<u>Name</u>	Address 21 JUN 21 PM 1: 12	Type of Action	
AMBR	Silvana Visbal	1180 SW 184th Terr	≣ Add	
		Pembrole Pines, FL 33029	□Remove	
			□Change	
			□Add	
			□Remove	
			□Change	
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Thective date, it other than the fan effective date is listed, the date m	ust be specific and cannot be prior to dat	(optional) te of filing or more than 90 days after tiling	.) Pursuant to 605.0207
Note: If the date inserted in this	plock does not meet the applicable s	statutory filing requirements, this date	will not be listed as
document's effective date on the	Department of State's records.		
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rd is filed.	we date, but not an effective time, a	it 12.01 d.m. on the current on (o)	, o your day area are
Dated	2021		
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Refael 7	Y USBAL Signature of a member or authorized	representative of a member	

Typed or printed name of signee