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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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T. MATTHEWS MAR 17 2022

COVER LETTER

TO: Registration Section

Division of Cor	porations				
	GELIN LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	GUILAINE GELIN				
		Name of Person			
	GUILAINE GELIN LLC				
	Articles of Amendment and fee(s) are submitted for filing. a all correspondence concerning this matter to the following: GUILAINE GELIN Name of Person GUILAINE GELIN LLC FirmsCompany 6849 NW 33RD STREET Address MARGATE, FL 33063 City/State and Zip Code GGELINO1@YAHOO.COM E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: GELIN Name of Person 3954 551-1834 at (
	Record Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: GUILAINE GELIN Name of Person GUILAINE GELIN LLC Firm/Company 6849 NW 33RD STREET Address MARGATE, FL 33063 City/State and Zip Code GGELINO1@YAHOO.COM E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: AINE GELIN Name of Person Area Code Daytine Telephone Number sed is a check for the following amount: 65.00 Filing Fee Certificate of Status Certified Copy radditional copy is coclosed: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
		Address	for filing. following: Name of Person Firm/Company Address /State and Zip Code sed for future annual report notification) at (
	MARGATE, FL 33063				
		City/State and Zip Code			
	_		- Thurism		
For further information c			incancin,		
	omeeting this matter, prease e				
GUILAINE GELIN					
Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for th	ne following amount:				
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
			ection		
P.O. Box 632					
Tallahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 " - ... | : 1: 30

GUILAINE GELIN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code
_		_, Florida Zip Code
New Negistered Office Address.	Enter Florida street o	address
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		enter the name of the new registere
Maning address MAT BEATOST OFFICE BOX	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable	<u> </u>	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the	limited liability company here:	
This amendment is submitted to amend the following	ह:	
Florida document number L21000234000	·	
The Articles of Organization for this Limited Liabil	ity Company were filed on MARCH 4.	and assigned

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	GUILAINE GELIN	6849 NW 33RD STREET	□ Add
		MARGATE, FL 33063	□Remove
			■ Change
AMBR	EDDY BENJAMIN	6849 NW 33RD STREET	= Add
		MARGATE, FL 33063	□Remove
			□Change
			□Add
			□Remove
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<u>vote:</u> If the d	e, if other than to the is listed, the date in the inserted in this fective date on the	block does	not meet the a	pplicable statut	iling or more than ory filing requi	(option 90 days after fil rements, this d	al) ing.) Pursuant to 60 ate will not be lis	5.0207 ted as
record specif Lis filed.	ies a delayed effec	tive date, bu	t not an effect	ive time, at 12:	01 a.m. on the ε	arlier of: (b)	The 90th day afte	er the
MARC	H 04		2022	·				
	91-							
		Signature	of a member or	authorized repre	sentative of a me	mber		
	\)	-	()	ŕ				

Filing Fee: \$25.00