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(Re	equestor's Name)	
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T. MATTHEWS NOV 19 2021

COVER LETTER

TO: Registration Se Division of Cor			
suвјест: <u>(1095†(</u>	11 GINGEY CYE	OTIONS LLC Ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ashley Zakiz	Name of Person	
	<u>coastal</u> G	Inger Creations Firm/Company	
	463 Lampic	AVE S. Address	
	Lehigh Acres	SFL 33974 City/State and Zip Code	
	COSTAIGH GC r	Creations @ama	il. COM
For further information c	oncerning this matter, please ca	all:	
AShley Zoky P	CWSKI Person	at (<u>800</u>) <u>942 · W9</u> Area Code Daytime	GC C Telephone Number
Enclosed is a check for the	he following amount:		
X \$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)

TO:

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 1^{-2} PM 31 18 OF 21 160

	Y Company as it now appears on c Limited Liability Company)	our records.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability C	ompany were filed on 5/10	2021 and assigned
Florida document number <u>L 21Pp\$234896</u>	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our record	ls, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	This Charles	
	Cuy	, Florida 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 21 RCI 10 Pl	Expeof Action
AMBR	Asbley Zakrzewski	403 Lampian Ave S.	ÞÁAdd
		lehigh Acres, FL 33974	□Remove
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fective date, if other than an effective date is listed, the date ote: If the date inserted in this scument's effective date on the	must be specific and s block does not r	d cannot be prior to meet the applical			iling.) Pursuant to 605.020
record specifies a delayed effe is filed.	ctive date, but not	t an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
ated JULY 1		, 2021	_ ·		
·	Signature of a	7 3-	ized representative		