## 121000240396

(Re	equestor's Name)	-
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		ne)
(50	iomeoo Emily (van	
	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

GJP COMN SUBJECT:	ODITIES, 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:	
	GEORGETTE VELEZ		
		Name of Person	
	GJP COMMODITIES, LL	С	
	<del></del>	Firm/Company	
	31942 NORTHRIDGE DR	IVE	
		Address	
	WESLEY CHAPEL, FL 3.	3545	
		City/State and Zip Code	<del> </del>
	GEORGIE157@GMAIL.C	OM	
	E-mail address: (	to be used for future annual report noti-	fication)
For further information co	oncerning this matter, please ca	ail:	
GEORGETTE VELEZ		786 325-0081	
Name of	f Person		e Telephone Number
Enclosed is a check for th	e 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GJP COMMODITIES, LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were for idea of the company were for i	filed on 05/24/2021 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	202
	je s
3. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, enter the name of the new regis
gent and of the new registered office address here.	
	့ ယ
Name of New Registered Agent:	<u>. ෆ</u>
New Registered Office Address:	
	Enter Florida street address
	Florida
Cit	y 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	Type of Action
AMBR	GEORGETTE VELEZ	31942 NORTHRIDGE DR, WESLEY CHAPEL, FL	3: ■Add
			□Remove
			□Change
			□Add
			□Remove
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	05/18/2021	
Effective date, if other than to If an effective date is listed, the date r	nust be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in this	block does not meet the applicable statuto	ory filing requirements, this date will not be listed as
document's effective date on the	Department of State's records.	
	tive date, but not an effective time, at 12:0	11 a.m. on the earlier of: (b) The 90th day after the
e record specifies a delayed effected is filed.		
ord is filed.	2021	
ord is filed.	, 2021	
ord is filed.  Dated	,,	
rd is filed.  Dated	,,	sentative of a member
ord is filed.  Dated	Signature of a member or authorized repres	sentative of a member

Filing Fee: \$25.00