

9/15/21, 10:38 AM

Division of Corporations

Florida Department of State

Division of Corporations

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(((H21000341602 3)))



H210003416023ABCT

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC

Account Number : 120140000084

Phone : (305)541-3980

Fax Number : (786)713-1940

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GEMSPIRE LLC**

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SEP 16 2021

A. LUNT

2021 SEP 15 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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GEMSPIRE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/15/2021 and assigned
Florida document number L21000278582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation L.C.

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4713 NW 7TH PLACE
DEERFIELD BEACH, FL 33442

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4713 NW 7TH PLACE
DEERFIELD BEACH, FL 33442

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street 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 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DOS SANTOS SOUZA, EDUARDO	4190 NW 62ND DR	☐ Add
		COCONUT CREEK, FL 33073	☒ Remove
			☐ Change
AMBR	MUNIZ FERREIRA, PATRICIA	4713 NW 7TH PLACE	☐ Add
		DEERFIELD BEACH, FL 33442	☐ Remove
			☒ Change
AMBR	VIEIRA NEVES, MARCELO II	4713 NW 7TH PLACE	☐ Add
		DEERFIELD BEACH, FL 33442	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 3RD 2021

Signature of a member or authorized representative of a member

PATRICIA MUNIZ FERREIRA

Typed or printed name of signee

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