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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736

Fax Number : (305)646-1527

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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T. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

G&E HOM	4E IMPROVEMENTS, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 07/23/2021	ane	d assigned
Florida document number L21000335256			a nosigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the a	bbreviatio	n "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDR		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	•		
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nam	e of the	new registere
Name of New Registered Agent:			
New Registered Office Address:			E.
	Enter Florida street address	,	
	, Florida		
	City	Zip Co	de

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
MGR	CRISTIAN ROMERO	6250 PALM TRACE LANDINGS DR #204	≣Add
		DAVIE, FL. 33314	
			Change
			□Add
			□Remove
			□Add
			□Remove
			□ Change
			🗆 Add
			☐Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change

	other information, enter change(s) here: (Attach additional sheets, if necessary.)

ective date, if other	er than the date of filing:(optional)
te: If the date insert	ed in this block does not meet the applicable statutory filing requirements, this date will not be listed as ate on the Department of State's records.
outhern a checkive da	ate on the Department of State's records.
ecord annulfier	
soiu specifies a dela; s filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	,
05/15/2023	
ea	
ea	Signature of a member or authorized representative of a member

Typed or printed name of signee