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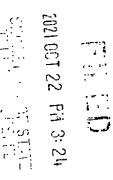
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Tallahassee, FL 32314

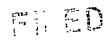
TO:			•	•	
			•		•
SUBJE	.CT:	Name of Lim	ited Liability Company		
Division of Corporations IVY LANE GPMS, LLC					
Please i	return all correspo	ndence concerning this matter	to the following:		
		Pascale B. Lemke			
			Name of Person		
	Division of Corporations IVY LANE GRMS, LLC Name of Limited Liability Company				
			Address		
		PARKLAND, FL 33076			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Pascale B. Lemke Name of Person					
For fur	ther information c			al report notifica	tion)
Pas	icale B. Lem	hKe	at (954)	806 - 89	69
	Name o	f Person	Area Code	Daytime To	elephone Number
Enclose	ed is a check for th	ne following amount:			
≡ \$2:	5,00 Filing Fee		Certified Copy		Certificate of Status & Certified Copy
					on.
	Division of C	orporations	Divisi	ion of Corpo	rations
	P.O. Box 632	7	The C	lentre of Tall	lahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 22 Pit 3: 24

IVY LANE GEMS, LLC

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

(A Florida Limited I	Jability Company)		(1757. FL
	were filed on SEPTE	MBER 13, 2021	and assigned
Florida document number 121000403937			
The Articles of Organization for this Limited Liability Company were filed on SEPTEMBER 13, 2021 and assigned Florida document number L21000405937 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.L.C." Enter new principal offices address, if applicable: **Principal office address MUST BE A STREET ADDRESS** Enter new mailing address, if applicable:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	nation "LLC" or the al	obreviation "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)			
	address on our reco	rds, <u>enter the nan</u>	ie of the new regist
agent and/or the new registered office address nere:			
N. CNI a De Caracad A cours			
Name of New Registered Agent:	<u></u>		
New Registered Office Address:	Enton Clavida	etwat addrass	
	Emer v (origa)	meet uauress	
		Florida	

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.

City

Zip Code

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II amenuing Authorized rerson(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	NATALIE FEANNY	2650 OAKMONT	= Add
		WESTON, FL 33332	□Remove
			□Change
			□ Add
			□Remove
			□Change
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Note: If the date inserted in this bloc	date of filing:	905.0207 (. isted as th
document's effective date on the Dep	partment of State's records.	
e record specifies a delayed effective and is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
OCTOBER 18	2021	
	DocuSigned by:	
	TO THE PARTY OF TH	
S	ignature of a member of alfihorized representative of a member	
	Pascale B. Lemke	
	Typed or printed name of signee	

Filing Fee: \$25.00