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| (F | Requestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
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Office Use Only

A. RIVERS

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COVER LETTER

TO:

Tallahassee, FL 32314

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| | | łz IC | € | |
| SUBJEC | : | Name of Limi | ted Liability Company | |
| | | | | |
| The enclo | osed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | |
| | | Ira B. Chatmon | | |
| | | | Name of Person | |
| | | GorillaMindz IC | Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: Chatmon Name of Person Address Time Firm Company Address Time, F1, 34421 City/State and Zip Code Inckva76@gmail.com E-mail address: (to be used for future annual report notification) This matter, please call: at (352 | |
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| | | Name of Limited Liability Company | | |
| | | | mitted Liability Company bmitted for filing. rr to the following: Name of Person Firm/Company Address City/State and Zip Code m (to be used for future annual report notification) call: at (| |
| | | Belleview, Fl. 34421 | | |
| | | Amindz IC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Ira B. Chatmon Name of Person GorillaMindz IC Firm/Company PO Box 1117 Address Belleview, Fl. 34421 City/State and Zip Code silverbackva76@gmail.com E-mail address: (to be used for future annual report notification) tion concerning this matter, please call: and of Person Area Code S30,00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) ddress: ton Section of Corporations c 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee | | |
| | | | | |
| | | E-mail address: (| to be used for future annual report not | ification) |
| For furth | er information c | oncerning this matter, please ca | all: | |
| lra B. Cl | natmon | | | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed | Lis a check for th | ne following amount: | | |
| □ \$25. | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Address | | | ection |
| | _ | | Division of Co | rporations |
| | P.O. Box 632 | | | |
| | Tallahassee. | FL 52514 | 2415 N. Monro | de atreet, autte vid |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Gormaninaz ic | | |
|---|--|--------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | mpany as it now appears on our records.) ted Liability Company) | |
| The Articles of Organization for this Limited Liability Compa | any were filed on 10/01/2021 | and assigned |
| Florida document number L21000433422 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited l | iability company here: | |
| GorillaMindz IC, LLC. | | |
| The new name must be distinguishable and contain the words "Limited L | iability 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 | 2 | |
| | | |
| | | |
| Enter new mailing address, if applicable: | . | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| D 16 11 11 14 1 A validad was interest of the | tana addisaa oo aa aa waa aa | rmo of the were register |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our records, enter the h | 2 B |
| - | | 善 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | .5 |
| | 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

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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