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Certified Copies	_ Certificate:	s of Status
Considerations to	Filia - Office -	
Special Instructions to	Filing Officer:	

Office Use Only



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T. MATTHEWS

DEC - 8 2021

## COVER LETTER

TO:

TO: Registration Se Division of Con			
GIO'S GEN			
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHELSEA A PERRONE LEVERING		
		Name of Person	
	GIO'S GEM'S LLC		
		Firm/Company	
	655 DEVONSHIRE BLVI		
		Address	
	LONGWOOD, FL 32750		
		City/State and Zip Code	
	giosgemsllc@gmail.com		
		to be used for future annual report notification)	
For further information of	concerning this matter, please c	ait:	
Janelle M Pedulla, CPA		407 774-7797, option 3	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 211/31/22 PM 3: 24

GIO'S GEM'S LLC

(INAME OF THE LIM	(A Florida Limited Liability Com	pany)	
The Articles of Organization for this Limited I		on 10/18/2021 and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compa	nny 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 appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		our records, enter the name of the new register	
Name of New Registered Agent:	CHELSEA A PERRONE L	EVERING	
New Registered Office Address:	655 DEVONSHIRE BLVD		
· · · · · · · · · · · · · · · · · · ·	Ent	er Florida street address	
	LONGWOOD	Florida <sup>32750</sup>	

## 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

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

or removed	from our records:		
MGR = M $AMBR = A$	lanager authorized Member	Address 21 Fil 2? Fil 3: 2h	
Title	Name	Address 21 ft.	Type of Action
AMBR	PATRICK A LEVERING	655 DEVONSHIRE BLVD, LONGWOOD, FL 327	50 □Add
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ocument's effective date on the Depa	riment of State's records.	
record specifies a delayed effective d	ate, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
is filed.		•
NOVEMBER 15	2021	
ated	·	
X (		
Si	gnature of a member or authorized represen	ntative of a member
CHELSEA A PERRONE I	EVERING	
	Typed or printed name of sig	gnee