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SECRETARY OF STATE
TALLAHAS SEF STATE

COVER LETTER

TO: Registration ! Division of Co		
Gabrielle SUBJECT:	Thomas LLC	
SUBJECT:	Name of Lim	ited Liability Company
The anglesed Articles	of Amendment and fee(s) are sub	writted for filing
Please return all corresp	ondence concerning this matter	to the following:
	John Carey	
		Name of Person
		Firm Company
	13196 Moon Rd	right Company
	13170 MOOII Ku	Address
	Brooksville Fl 34613	
		City/State and Zip Code
	John@JohnCareyGroup.com	to be used for future annual report notification)
For further information	concerning this matter, please c	·
John Carey		708 289-8911
Name	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for	the following property	
	-	Desconting to Desconting
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassec	Section Corporations 327	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

Gabrielle Thomas LLC	
(Name of the Limited Liability Company as it now ag (A Florida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Liability Company were filed or	10/27/2021 and assigned
lorida document number L21000466267	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compan	<u>v here</u> :
iabrielle Paige Carey LLC	
he new name must be distinguishable and contain the words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	\$ 2021 T
	EX R TI
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	\$55 P M
Tuning duaress MAT BE A FOST OF FICE BOX	[T] II
. If amending the registered agent and/or registered office address on o	TE ST
ent and/or the new registered office address here:	ur records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	· Florida street address
	Florida
City	, Florida Ziv 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.

H 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>	Name	Address	Type of Action
CEO	Gabrielle P Thomas	13196 Moon Rd Brooksville Fl 34613	
			■ Remove
			TChange
CEO	Gabrielle P Carey	13196 Moon Rd Brooksville Fl 34613	■Add
			□Remove
			□Remove
			TChange
			Remove
			TChange
			□Remove
			Remove
			□Change

Note:	tive date, if other than the date of filing:
tityt (ii	near's effective date on the Department of State's records.
ie reco ord is I	ord 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 ided.
Dated	November 27th 2024
	1.1 h p.
	Signature of a member or authorized representative of a member
	Signature to a incriport of authorized representative of a member

Filing Fee: \$25.00