

121 000520279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

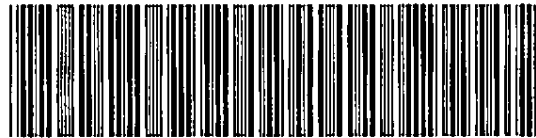
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300378321663

12/22/21--01010--019 \*\*60.00

A. BUTLER

JAN 11 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: gsi 360 global, LLC  
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:

ELIZABETH CHAIDEZ

Name of Person

gsi 360 global, LLC

Firm/Company

7887 TARABILLA AVE

Address

NORTH PORT, FL. 34291

City/State and Zip Code

BETTYCHAIDEZ @ YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIZABETH CHAIDEZ

Name of Person

at ( 773 ) 677-7790

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

GIS 360 GLOBAL, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/9/2021 and assigned  
Florida document number L21000520279

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

GIS 360 GLOBAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

7887 TARABILLA AVE  
NORTH PORT, FL 34291

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

7887 TARABILLA AVE  
NORTH PORT, FL 34291

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ELIZABETH CHAIDEZ

New Registered Office Address:

7887 TARABILLA AVE

Enter Florida street address

NORTH PORT, Florida 34291

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.

Elizabeth Chandez

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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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

<u>AMBR</u>	<u>ELIZABETH CHAIOEZ</u>	<u>7887 TARABILLA AVE</u>	<input checked="" type="checkbox"/> Add
		<u>NORTH PORT, FLORIDA 34291</u>	<input type="checkbox"/> Remove

☐ Change

<u>AMBR</u>	<u>MICHAEL A. JONES</u>	<u>7887 TARABILLA AVE</u>	<input type="checkbox"/> Add
		<u>NORTH PORT, FLORIDA 34291</u>	<input type="checkbox"/> Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated 12/20 2021

Elizabeth Chen

Signature of a member or authorized representative of a member

ELIZABETH CHAIDEZ

Typed or printed name of signee

**Filing Fee: \$25.00**