## 121000524632

(Requestor's Name)			
(Address)			
<b>(</b> ,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900378302489

12.28/61--01018--006 \*\*25.00



T. MATTHEWS

JAN 1 2 2022

## **COVER LETTER**

то:	Registration Section Division of Corporations	. е		
SUBJE	CCT: GTFORGIONE, LLC			
00201	Name of I	Limited Liability Company		
The en-	closed Articles of Amendment and fee(s) are s	submitted for filing.		
Please	return all correspondence concerning this mat	ter to the following:		
	Corpo	orate Maintenance Lea	ad	
		Name of Person		
	Processing Department			
		Firm/Company		
	1450 Vassar St			
	<del></del>	Address		
		Reno, NV 89502		
		City/State and Zip Code		
		ndocs@incauthority.com ss: (to be used for future annual report notifi	cation)	
For fur	ther information concerning this matter, pleas			
7 07 141	the mornation concerning the matter press			
	Processing Department			
	Name of Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for the following amount:			
•	5.00 Filing Fee \$\text{Certificate of Status}\$		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy	
	OSED W/ APP.	(additional copy is enclosed)	(additional copy is enclosed)	
	MAILING ADDRESS:	STREET/COURIE Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 050 27 五日 9:00 GTFORGIONE, 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 12/13/21 Florida document number \_\_\_\_L21000524632 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." 55 Sw. Squirrels Nest Way Enter new principal offices address, if applicable: Stuart, FL 34997 (Principal office address MUST BE A STREET ADDRESS) 55 Sw. Squirrels Nest Way Enter new mailing address, if applicable: Stuart, FL 34997 (Mailing address MAY BE A POST OFFICE BOX) 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:

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

\_, Florida \_\_\_

' 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>	Address	Type of Action
MGR	George Forgione	2369 Sw Estell Terrace	
		Palm City, FL 34990	☐ Remove
			Change
MGR	Tetiana Forgione	55 Sw. Squirrels Nest Way	□ Add
		Stuart, FL 34997	□ Remove
		·	
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: N/A (optional)
(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):  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 12/22 . 202).  Signature of a member or authorized representative of a member.
Signature of a member or authorized representative of a member
Tetiana Forgione
. Calling Congression

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00