L21000524632

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Zip/Pflone #)
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



100378918831

01/06/22--01012--030 **25.00

22 JPA - 5 FH 3: 03

T. MATTHEWS

JAN 1 9 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: GTFORG	SIONE, LLC		
		ted Liability Company	-
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Corpora	ate Maintenance Lea	ad
		Name of Person	
	Proc	essing Department	
		Firm/Company	
	1	450 Vassar St	
		Address	
		Reno, NV 89502	
-	 	City/State and Zip Code	
		ocs@incauthority.com to be used for future annual report notif	
P. C. H. M. Samuellan	·	•	icauony
r or further information c	oncerning this matter, please or	111.	·
	ing Department	at (800) 638-2320	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
Registi Divisio	ING ADDRESS: ration Section on of Corporations tox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building	on.
Tallahassee, FL 32314		2661 Executive Ce	enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JAN -6 PM 3: 03

GTFORGI (Name of the Limited Liability Compar (A Florida Limited L	ONE, LLC ny as it now appears on one inhibity Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L21000524632	were filed on 12/13/2	1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	55 Sw. Squirrels N	lest Way
(Principal office address MUST BE A STREET ADDRESS)	Stuart, FL 34997	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	55 Sw. Squirrels I Stuart, FL 34997	Nest Way
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our i e:	records, enter the name of th
New Registered Office Address:		
New Kegistered Office Admiss.	Enter Floridu stre	et address
	, Florida Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent;	į.	
I hereby accept the appointment as registered agent and agr	ree to act in this capaci	ity. I further agree to comply w

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

•. •.

<u>Title</u>	Name	Address	Type of Action
MGR	George Forgione	2369 Sw Estell Terrace	
		Palm City, FL 34990	Remove
			Change
MGR Tetiana Forgione	Tetiana Forgione	55 Sw. Squirrels Nest Way	Add
		Stuart, FL 34997	☐ Remove
			☐ Change
			Remove
			☐ Change

			Remove
			Change
			Add
			Remove
			□ Change
			Remove
			Chance.

, II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: N/A fective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a 90th day after the record is filed.
Dated	DEC. 28 1/2 2021 Significant of a member of authorized representative of a member
	Signifure of a member or authorized representative of a member
	Tetiana Forgione
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00