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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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01/24/23--01013--017 **25.00



Miami January 5, 2023

Dear Sir/Madam

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

FROM: Gustavo A. Matzdorf Silva - AUTHORIZED AGENT

Address: 15408 SW 9th way, Miami, FL 33194

Telephone: 305 902 9176

The reason of this Amendment is because:

One of the family members has decided not to be part of this LLC.

Authorized Member (AMBR): Laura Mercedes Matzdorf

Has opted NOT to be part of:

TADEL GM LLC

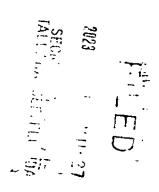
PLEASE CORRECT ACCORDINGLY

Sincerely

Gustavo Matzdorf

15408 SW 9 way

Miami, FL



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	TADEL	GM LL	C	
30bJEC1.	Name of Limited Liabil	lity Company		
The enclosed Articles o	f Amendment and fee(s) are submitted for	r filing.		
Please return all corresp	ondence concerning this matter to the fol	lowing:		
	Gustar	10 A. MAT	ZDORF S	SILVA
		L GM		
	15408 SW	9TH WO	ay	
	MIAMI	, Fl	33194	
	MIAMI City/Sta gustaro. M E-mail address: (to be used	ate and Zip Code 7 To Cor future annual report nor	2 yahoo.	wm
For further information	concerning this matter, please call:			
GUSTAUO	A. MATZDORF S. al	<u>, 305, 90</u>	JF19 50	· >
Name	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for	the following amount:			
₩\$25.00 Filing Fee	Certificate of Status Co	5.00 Filing Fee & ertified Copy dditional copy is enclosed)	☐ \$60.00 Filing Certificate Certified Co cadditional cop	of Status & opy
Mailing Addro Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee be Street, Suite 810	Secretary Stelling

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GM	LLC			
Company as it now limited Liability Cor	y appears on our upany)	records.)		
mpany were filed	I on Jan	1574/302	Z nd assigno	ed
ed liability comp	oany here:			
ed Liability Compan	y," the designation	1"LLC" or the abbreviat	ion "L.L.C.	
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ESS)				
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(Mailing address MAY BE A POST OFFICE BON)				
office address or	n our records.	enter the name of tl	ne new re	gistere
				
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City		, Florida Zip	Code	
	Company as it novamited Liability Company were filed ed Liability Companed Liability Comp	ed liability company here: ed Liability Company," the designation ESS) Enter Florida street	Company as it now appears on our records.) Imited Liability Company) Impany were filed on	Company as it now appears on our records. Inmited Liability Company) Impany were filed on

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.

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>	Address	Type of Action
AMBR	LAURA MERCEPES MATZOORF	15408 SW GTH Way MIAMI, FR 33194	□Add
	MATZOORF	MIGMI, PX 3317	BRemove
			□Change
			□Add
		·····	□Remove
			□ Change
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باداده وجئائموهم استوجع	ayed effective date, but no	of all effective time	, at 12.01 a.m. on the	carrier or. (b)	AIL.	
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Filing Fee: \$25.00