## 422000041151

(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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JIVISION OF CORPORATIONS
22 MAY 18 AM 11: 05

T. MATTHEWS JUL 19 2022

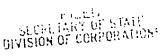
## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: GEMEX Lability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
SHARI N ZUIV	ERLOON
GEMEX LLC Firm/Company	
2575 S US HWY 17-92	#164
CASSELBERRY, FL 3 City/State and Zip Code SHART MIM @ GMATI	2707
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
SHARI N ZUIVERLOON at (561), 201 Name of Person Dayti	7201 me Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$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:  Pagistration Section  Pagistration Section	vation

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS OF



22 MAY 18 AM 11: 05

<u>GEMEX LL</u>	$\mathcal{C}$		
( <u>Name of the Limite</u>	d Liability Compa A Florida Limited	nny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Lia Florida document number <u>L22000</u>		were filed on _O1/	21/2022 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of			
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	Ity Company," the designa	tion "L.L.C" or the abbreviation "L.L.C,"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	N/A	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our record	s, enter the name of the new registered
Name of New Registered Agent:	N/A		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	N/A	Enter Florida str	eet address
		zinci i norma sir	, Florida
		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.

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

Title	Name	Address	Type of Action
AMBR	SHART NZUIVERLOON	2575 S US HWY 17-92	<u>)</u>
		#164	<b>⊠</b> Remove
		CASSELBERRY, FL 32707	□Change
AMBR	GTARNER CHAN	2575 SUSHWY17-92 #164	_X∧dd
		CASSELBERRY FL 3276-	] ☐Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
		·	□Change
			□Add
			□ Remove
			□Change
			🗆 Add
		<del></del>	□Remove
			□Change

	N/A
Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 iled.
Dated	05/13/2022 Ruinedono
	Signature of a member or authorized representative of a member
	)

Filing Fee: \$25.00