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COVER LETTER

TO:

	gistration Se- vision of Corp						
SUBJECT:	GGSVISID	LUX, LLC					
SUBJECT:	•	Name of Lin	lited Liability Company				
The enclose	d Articles of a	Amendment and fee(s) are sub	emitted for filing.				
Please return	n all correspon	ndence concerning this matter	to the following:				
		Laurence C. Hames					
			Name of Person				
		Laurence C. Hames, Esq.,	P. A.				
			Firm/Company				
		P. O. Box 2706				300°	
			Address			` -	
		Winter Park, FL 32790		13 20		ე —	7
			City/State and Zip Code		2日 11日 11日	PM 5:	4
		lhames@hames-law.com	to be used for future annual report notifi	- Cotion)	펼	<u> </u>	
For further i	nformation co	oncerning this matter, please co	·	cation, ·	Luj		
Laurence C	. Hames		406 622-4500				
 ·	Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	e following amount:					
□ \$25.00 l	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Sta Copy	itus &	
Re Di	illing Address gistration S vision of Co	ection orporations	Street Address: Registration Sect Division of Corp	orations			
	D. Box 6321 Ilahassee, F		The Centre of Ta 2415 N. Monroe)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GGSVIVIDLUX, 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 February 22, 2022 and assigned Florida document number _L22000056971 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: GGSVIVIDLUXE, LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 registe agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 a 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

_, 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
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