## h22000073145

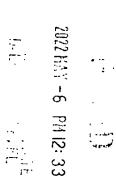
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		

Office Use Only



900387175689

05/06/22--01015--012 \*\*25.00



Lucklecky T

## **COVER LETTER**

TO: Registration Se Division of Cor			
	abedan LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jebbre	Name of Person  Finn/Company	
	Gabe do	in LLC	
	1508 En	nevald Isk Pa	0,NP
	Apopka F	City/State and 7 in Code	<u> </u>
	JKDBO7	City/State and Zip Code  Of mail. Com	
	E-mail address: (	to be used for future annual report not	ilication)
For further information c	oncerning this matter, please ca	all:	
Johns		461-	6814
Nume o	f Person	at ( <u>407</u> ) <u>461-</u> Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
12 \$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)
<u>Mailing Addres</u>	<u>s:</u>	Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 MAY - 6 PH 12- 33

Gabedan LLC	
(Name of the Limited Liability Comps (A Florida Limited	Inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22-000073185</u>	were filed on February 14, 2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "L.L.C."  1508 Enerald FS/E Point  Apopka FL 32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1508 Emerald Isle Point Apopka FL 32703
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: 1508	Emerald Isle Point  Emer Florida street address  27703
New Registered Agent's Signature, if changing Registered Agent:	POPKA , Florida 3 Z 703 Zip Code

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 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>	<u>Address</u>	Type of Action
MGR	Keisha Burington	1508 Emerald Isle Poin	ナ <sub>□Add</sub>
		1508 Emerald Isle Point	WRemove
			□Change
			🗀 Remove
			□Change
			□Add
			□Remove
			[]Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			[] Change
			□Add
			□Remove
			□(Change

for anestr	esia and r	~)~(/U~		· 	_
<del></del>					_
	<del></del>	<del></del>	·		_
<del></del>					_
			-		_
	. <del></del>				_
					_
					_
			<del></del>		_
					_
					_
					_
					_
					_
			<u>.</u>		_
					_
		6260			
ective date, if other than t	ne date of filing: $\frac{5}{2}$	105/00	,	(optional)	AE 020
e: If the date inserted in this	block does not meet the	applicable statute	ing or more than 90 da ory filing requiremen	iys after filing.) Pursuant to the first this date will not be l	isted a
ument's effective date on the	Department of State's r	ecords.	·		
cord specifies a delayed offec	tive date, but not an effe	ctive time, at 12:0	I a.m. on the earlie	r of: (b) The 90th day a	fter the
s filed.					
May 2	20	777			
ed May 2	<del></del>	•			
	MA .				
	Synature of a member  Je66-ey Gr  Typed	or authorized repres	sentative of a member		
/ '	-11 1	1.1			
	1211-0.14	NY Matrin			

Filing Fee: \$25.00