L22000077426

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
		·

Office Use Only



500383241955

04/12/22--01014--012 **30.00

22 APR 12 AMIC OF

T. MATTHEWS -----MAY 0 2 2022

COVER LETTER

TO:				
CIID IE	G3G LLC			
.,000	C1	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	eturn all correspo	ndence concerning this matter	to the following:	
		ROXANA DIAZ		
		Name of Limited Liability Company Id Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: ROXANA DIAZ		
		CORPAG REGISTERED	Name of Limited Liability Company If fee(s) are submitted for filing. Ing this matter to the following: DIAZ Name of Person EGISTERED AGENTS (USA), INC. Firm/Company ELL AVE SUITE 820 Address 33174 City/State and Zip Code AZ@CORPAG.COM Email address: (to be used for future annual report notification) natter, please call: at (Area Code Daytime Telephone Number Dount: ling Fee & S55.00 Filing Fee & G60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certificate of Status & Certified Copy	
			Firm/Company	
		999 BRICKELL AVE SUI	TE 820	
			Address	
		MIAMI, FL 33174		Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy
		DOVANIA DI A 2000 DEL	·	
		_		ication)
For furt	her information c	oncerning this matter, please ca	all:	
ROXA	NA DIAZ		305 358-7872	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	i.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

22 APR 12 AMID: 01

G3G LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited I Florida document number <u>L22000077426</u>	_iability Company	were filed on <u>02/16/202</u>	2 and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		999 BRICKELL AVE		
		SUITE 820		
		MIAMI, FL 33131		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		999 BRICKELL AVE		
		SUITE 820		
		MIAMI, FL 33131		
B. If amending the registered agent and/or agent and/or the new registered office address.	ess here:			
Name of New Registered Agent:	CORPAG REGISTERED AGENTS (USA), INC.		A), INC.	
New Registered Office Address:	999 BRICKEL	L AVE, SUITE 820		
		Enter Florida street address		
	MIAMI		Florida ³³¹³¹	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
		·	□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□ Add
			□Remove
		 	
			□Add
			□Remove
		 	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Chance

				<u> </u>
	-			
·	· -		-	
				
				
				
		. <u>.</u>		
				
<u> </u>				
ffective date, if other than the	e date of filing:		(optional)	
an effective date is listed, the date musiote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be prio lock does not meet the applie	cable statutory filing req		
record specifies a delayed effectiv Lis filed.	e date, but not an effective t	time, at 12:01 a.m. on th	e earlier of: (b) The 90th d	ay after the
pated MARCH 18TH	2022			
		/ \		
ateu				

Typed or printed name of signee