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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUDIE		s Electronics				
SUBJE	Name of Limited Liability Company					
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		James A. Mardant				
			Name of Person			
		Gulf Shores Electronics				
			Firm/Company			
		12206 Old Grade Rd.				
			Address			
		Polk City Fl 33868				
			City/State and Zip Code			
		jmmarda@aol.com	to be used for future annual report notification)	<del></del>		
For furt	her information c	oncerning this matter, please c				
James 2	V. Mardant		863 660-9797			
	Name o	f Person	Area Code Daytime Telephor	ne Number		
Enclose	d is a check for th	ne following amount:				
□ \$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)		
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	see		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Giulf Shores Electronics		PR T		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company via Florida document number L22000082047	were filed on 02/21/2022	28 No 9: 07 28 No 9: 07 ssee, prosigned on 10: 07		
This amendment is submitted to amend the following:		<i>,</i>		
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)				
	<del></del>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the na	me of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
Name Descriptional Assent's Company of sharping Descriptional Assents	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and )r, if this document is		

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		
MGR	Donna Mardant	12206 Old Grade Rd. Polk city tl 33868	■Add		
			□ Remove		
			□Change		
			□Add		
			□ Remove		
			Change		
	<del></del>	<del></del>	□Add		
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If amending any other inform	ration, enter change(s)	here: (Attach ad	ditional sheets, if nec	essary.)			
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	oust be specific and cannot be block does not meet the a	applicable statutory	or more than 90 days afte	io <b>nal)</b> r filing.) Pursuant to is date will not be	o 605.020 : listed a	7 (3)(b) s the	i
he record specifies a delayed effect ord is filed.	ive date, but not an effect	tive time, at 12:01 a	.m. on the earlier of: (	b) The 90th day	after the		
Anril 21	2022				ELAH)	2022 APR 28	
Dated April 21	// h	·			ASSEE	ìR 28	
	Signature of a member or	r authorized represent	ative of a member		E, FL0	A	ן! כ
	JAmes A. P	Nardax +	ee	· · · · · · · · · · · · · · · · · · ·	STATE LORIDA	9: 07	

Filing Fee: \$25.00