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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			•	
CHDIC	GAVAL L	LC			
SUBJE	C1:	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please r	eturn all correspo	ondence concerning this matter	to the following:		
		Mark Pfeiffer			
			Name of Person		
			Firm/Company		
		2538 S 200 East			
			Address		* .
		Connersville, IN 47331			•
		markprf@yahoo.com	City/State and Zip Code		
			to be used for future annual report not	ification)	> <del>-</del> 1
For furt	her information c	oncerning this matter, please co	all:		
Mark P			765 2651566 at ()		_
	Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>■ \$2</b> 5	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	itatus &
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GAVAL LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	-
The Articles of Organization for this Limited Liability Complete Florida document number L22000125124	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	(S)	B22
		. # D
	·	20 L F
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Walling Quaress WAT BE A POST OFFICE BOX	•	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mark Pfeiffer	2538 S 200 East Connersville, IN 47331	
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			□Change
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			□Remove
			□Change
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			□Change

Typed or printed name of signee