L22000135285

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COVER LETTER

TO:

Registration Section

Division of Co	orporations	
	SS GINA LLC	
SUBJECT:	Name of Lin	ited Liability Company
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	Natalia Pamich	
		Name of Person
	DEAR MISS GINA LLC	
		Firm/Company
	2275 Biscayne Blvd, Apt	601
		Address
	Miami, FL 33137	
		City/State and Zip Code
	nataliapamich@gmail.cor	
		to be used for future annual report notification)
For further information	concerning this matter, please c	all:
Natalia Pamich		310 343-8370 at ()
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Addro Registration Division of (P.O. Box 63 Tallahassee.	Section Corporations 27	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

DEAR MISS GINA LLC

2022 MAY 27 PM 4: 20

The Articles of Organization for this Limited Liability Company were filed on March 18, 2022 and assigned Florida document number L22000135285 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 registered 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 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.

City

____, 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
AMBR	Natalia Pamich	2275 Biscayne Blvd, Apt. 601	
		Miami, FL 33137	□Remove
			Change
			□Remove
			☐ Change
			□Add
			Remove
			□Remove
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			(TChana)

but I am currently registe	ered as the AP, so I r	need to add myse	elf as the AMB	₹.		
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ective date, if other than t effective date is listed, the date i	he date of filing:	ot be prior to date of f	iling or more than	option : 90 days after fili	al) ng.) Pursuan	10 605,0
e: If the date inserted in this ument's effective date on the			lory filing requir	ements, this d	ate will not	be listed
cord specifies a delayed effec a filed.	tive date, but not an ef	fective time, at 12:	01 a.m. on the e	arlier of: (b)	The 90th da	ıy after t
ed April 6	202	22				
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Typed or printed name of signee