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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

08/01/22

NAME:

GAITH GROUP, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration : Division of Co			
Gaith Gro	oup, LLC		
	Name of Li	mited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
	condence concerning this matte	-	
	Habib Seder		
		Name of Person	
		Firm/Company	
	5451 Millenia Lakes Blvd	i. Apt. 450	
		Address	····
	Orlando, FL 32839		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report not	ification)
For further information of	concerning this matter, please of	eall:	
Habib Seder		619 788-8600 at ()	
Name o	of Person	at (at Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 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



Gaith Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company were filed on	and assigned	
Florida document numberL22000145606	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
		· · · · · · · · · · · · · · · · · · ·	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE Be	<u> </u>		
D • • • • • • • • • • • • • • • • • • •			
B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office address on our records, <u>enter the</u>	name of the new registered	
The state of the s	nere.		
Name of New Registered Agent:			
			
New Registered Office Address:	Enter Florida street address		
	Enter titorida street address		
	, Florid	a	
	9	z.ip 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 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	Habib Seder	5451 Millenia Lakes Blvd. Apt 450 Orlando, FL3283	9 ≣ Add
			_ □Remove
			_ DChange
			_ DAdd
			_ 🗆 Remove
			_ Change
			_ 🗆 Add
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fectiv	e date, if other than the date of filing:(optional)
Note: 1	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docume	nt's effective date on the Department of State's records.
record d is tile	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	7/21/2022
	Signature of a member or authorized representative of a member

COVER LETTER

TO: Registration S Division of Co		•	
Gaith Gro	up, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Habib Seder		
		Name of Person	
		Firm/Company	
	5451 Millenia Lakes Blvd	I. Apt. 450	
		Address	
	Orlando, FL 32839		
		City/State and Zip Code	
For further information c	E-mail address: oncerning this matter, please o	to be used for future annual report notification)	
	oncerning this matter, prease o	211:	
Habib Seder		619 788-8600 at ()	
Name o	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional copy	of Status &
Mailing Address Registration S		Street Address:	

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