## 122000149075

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400443262354

01**/2**7**/2**5--01010--011 \*\*25.00<sup>-0</sup>

DECRETARY OF STATE TALL AHASSEELFL

FILED

2025 JAN 27 AMTH: 1

## **COVER LETTER**

TO:

	Registration Se Division of Cor				
SUBJEC'	r. GSB F	PROPERTIES & INVES	TMENTS LLC		
SUBJEC	··		ited Liability Company		<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please reti	um all correspo	ondence concerning this matter	to the following:		
		G	ABRIEL S BENITE	Z	
			Name of Person		
		GSB PRO	PERTIES & INVES	TMENT:	SLLC
			Firm/Company		
		4	0400 004 400 4 0	<b>-</b>	
			0182 SW 162nd C	<u> </u>	
			MIAMI, FL 33196 City/State and Zip Code	<u> </u>	<del></del>
		a	ibriel@gsbpropertie	ae la	
			to be used for future annual		cation)
For furthe	r information c	oncerning this matter, please ca	all:		
	GABRIE	L S BENITEZ	at (424)	443 -	- 8500
	Name o	f Person	Area Code	Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Aniling Addres		Street Ad		·.
	Registration S Division of C		_	ition Sect of Corp	
F	P.O. Box 632	.7		•	illahassee
ľ	'allahassee, I	FL 32314	2415 N.	Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GSB PROPERTIES ( (Name of the Limited Liability Compa (A Florida Limited I			<del></del>
The Articles of Organization for this Limited Liability Company  Florida document number		0/00/0000	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
GABRIEL S BENITEZ LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or th	
Enter new principal offices address, if applicable:			75.00 75.00
(Principal office address MUST BE A STREET ADDRESS)			AN 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			RY OF STATE
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our re	cords, <u>enter the n</u>	ame of the new registere
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Flori	da street address	
		<b>51</b>	
<del></del>	City	Florida	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
			□Change
	<del></del>	<del> </del>	□Add
			□Remove
			□Change
	<del></del>		
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	<del></del>
E. Effec	tive date, if other than the date of filing: (optional)
(If an el <b>Note:</b>	fective 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 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the reco record is f	rd 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 ided.
Dated	
	Menastre of a incurbed representative of a member
	Gabriel S BENITEZ Typed or printed name of signee

Filing Fee: \$25.00