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COVER LETTER

	Registration So Division of Co			
\$110 H.Z		ANGIBLES LLC		
SUBJEC	.l:	Name of Lin	ited Liability Company	. .
The encl	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Barry E. Haimo, Esq.		
			Name of Person	
		Haimo Law		
			Firm/Company	
		8201 Peters Road, Ste 100	0	
			Address	
		Plantation, FL 33324		
			City/State and Zip Code	
		doc@haimolaw.com		
		E-mail address: (to be used for future annual report no	otification)
For furth	er information o	concerning this matter, please c	atl:	,
Barry E. Haimo, Esq.		954 599-7483 at ()		
	Name c	of Person		me Telephone Number
				€
Enclosed	l is a check for t	he following amount:		
■ \$25.0	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 Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co		
	P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee, FL 32314			2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on ou ited Liability Company)	r records.)
pany were filed on $\frac{03/30/202}{1}$	22 and assigned
liability company here:	
Liability Company," the designati	on "L1.C" or the abbreviation "L.1C."
<u> </u>	. 5
	<u>.</u>
	, L
	, ;
	1.
fice address on our records	s, enter the name of the new register
Enter Florida stre	et address
City	Zip Code
<u>gent:</u>	
olete performance of my di	ity. I further agree to comply with the ties, and I am familiar with and or 605, F.S. Or, if this document is firm that the limited liability
	Liability Company here: Liability Company," the designation of the de

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>	<u>Address</u>	Type of Action
MGR	GFR Management , LLC	1950 NE 6th St	□Add
		POMPANO BEACH, FL 33060	□Remove
			≘ Change
MBR	LOUIS KOSTER	50 HAMLET DRIVE	🗀 Add
		HAUPPAUGE, NY 11788	≅Remove
			□Change
		_	Djydd
			☐Remove
			□Ĉĥange
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ective date, if other than the date effective date is listed, the date must be sp	of filing:		(optiona	l)
effective date is listed, the date must be sp e: If the date inserted in this block do	ecific and cannot be pri- ses not meet the appl	or to date of filing or moi icable statutory filing	re than 90 days after filir requirements, this da	ig.) Pursuant to 605,020 te will not be listed a
ument's effective date on the Departn	ient of State's record	is.		
and an old and look of the	1			7 9 (1) 1 3 1
cord specifies a delayed effective date filed.	, but not an effective	time, at 12:01 a.m. or	i the earlier of: (b)	The 90th day after the
ed \$ 10/4 31	<u> </u>	·		
12 14				-
1 20 71				
Signa	ure of a member or aut	thorized representative o	l'a member	:

Filing Fee: \$25.00