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Daniel Committee Committee

2022 SEP -6 AM 9: 45 SECRETARY OF STATE TALLAHASSEE, FL

## **COVER LETTER**

TO:	Registrat Division				. •
OLVD ID		LIFE G	ROUP, LLC	"	
SUBJEC	JI:		Name of Limi	ted Liability Company	
The encl	osed Artic	les of A	amendment and fee(s) are sub-	nitted for filing.	
Please re	eturn ali co	rrespor	idence concerning this matter	to the following:	
			VITORIA GOMES MORE	EIRA QUITO	
				Name of Person	
			GM LIFE GROUP, LLC		
				Firm/Company	
			15411 SW 26TH TER		
				Address	
			MIAMI, FL 33185		
				City/State and Zip Code	
			VITORIAGMQUITO@GM	AIL.COM o be used for future annual report	notification)
For furth	ner informa	ation co	encerning this matter, please or	-	nonneadon)
VITOR	ia gome	S MOR	EIRA QUITO	786 715-223	9
	1	Name of	Person	at () Area Code Day	rtime Telephone Number
Enclosed	d is a chec	k for th	e 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing /			Street Address Registration	
	Division	of C	orporations	Division of	Corporations
	P.O. Bo Tallahas		7 L 32314		of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GM LIFE GROUP, LLC			
(Name of the Limi	ted Liability Company as it (A Florida Limited Liability	now appears on our records Company)	<u>"</u>
The Articles of Organization for this Limited L	iability Company were f	filed on <u>04/04/2022</u>	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name of	of the limited liability co	ompany here:	
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		2022 \$EC
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/or agent and/or the new registered office addre	registered office addres	ss on our records, <u>enter</u> (	SEP-6 MM 9: 45 RETARY OF STATE ALLAHASSEE, FL
Name of New Registered Agent:	VITORIA GOMES M	IOREIRA QUITO	
New Registered Office Address:	2423 SW 147TH AVE		
		Enter Florida street address	
	MIAMI		orida 33185
	Ci	ity	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
P	Teresinha Gomes Da Silva	2423 SW 147TH AVE # 701 MIAMI, FL 33185	□ Add
			= Remove
			□Change
P	Achilles De Santana Jr	2423 SW 147TH AVE # 701 MIAMI, FL 33185	<b>\equiv A</b> dd
			□Remove
			□Change
<del></del> -			□Add
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	or.				
fective date, if other than the	date of filing:	3/29/2022		(optional)	604.000
on effective date is listed, the date must be to the date inserted in this blooment's effective date on the Do	ck does not meet t	he applicable	nte of filing or more the statutory filing req	an 90 days after filing.) Pu uirements, this date will	not be listed as t
record specifies a delayed effective is filed.	date, but not an e	ffective time,	at 12:01 a.m. on th	e earlier of: (b) The 90	th day after the
August 29	, 20	)22			
			2		
The state of the s			· · · · · · · · · · · · · · · · ·		

Typed or printed name of signee