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COVER LETTER

	legistration Sec Division of Corp			
SUBJECT		STMENT GROUP LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing	
		dence concerning this matter	_	
		ANDREA GONZALEZ		
			Name of Person	
		CORPAG REGISTERED	AGENTS (USA), INC.	
			Firm/Company	
		999 BRICKELL AVE, SU	TTE 820	
			Address	
		MIAMI, FL 33131		
		MIASERVICES@CORPA	City/State and Zip Code G.COM	22 SEP 23 FM 3: 05 One
		E-mail address: (to be used for future annual report notificat	(on) 23 5
For further	r information co	ncerning this matter, please co	all:	PH PH
ANDREA	GONZALEZ		305 358-7872 at ()	<u>မ</u> မ
	Name of	Person		lephone Number S
Enclosed is	s a check for the	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)
R	lailing Address: egistration Se	ection	Street Address: Registration Sectio	
Division of Corporations P.O. Box 6327			Division of Corpor The Centre of Talla	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEX INVESTMENT GROUP LLC		<u>_</u>
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on APRIL 13TH, 2022	and assigned
lorida document number L22000177612		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22 =
		R 23
nter new mailing address, if applicable:		ω $^{(i)}_{\mathbb{S}^{n}}$
Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAT BE AT OST OFFICE BOX		<u> </u>
		<u> </u>
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the na	me of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida _	Zip Code
	Cuy	лір Соае

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>	<u>Address</u>	Type of Action
MGR	LISELOTTE COROMOTO ZERPA HERNANDEZ	CALLE 7, QUINTA KLIMT, URB. LOS SAMANE	S ≣Add
		CARACAS, VE 1080 VE	□Remove
			□Change
			🗆 Add
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Tective date, if other than the date in effective date is listed, the date must be	te of filing:	o date of filing or more than	(optional) 90 days after filing.) Pursuant	to 605.0207
ote: If the date inserted in this block cument's effective date on the Depart	does not meet the applical	ble statutory filing requir	ements, this date will not l	be listed as
ecord specifies a delayed effective da is filed.	ite, but not an effective tim	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th da	ıy after the
	2022			
SEPTEMBER 13TH				

Filing Fee: \$25.00

Typed or printed name of signee