L22000193486

| (Requestor's N | ame) |
|----------------------------------|------------------|
| (Address) | |
| | |
| (Address) | |
| (City/State/Zip/ | Phone #) |
| PICK-UP WA | T MAIL |
| (Business Entil | y Name) |
| | |
| (Document Nu | mber) |
| ed Copies Certif | icates of Status |
| al Instructions to Filing Office | r: |
| | |
| | |
| | |
| | |
| | |
| Office III | . 0.1 |



400398328904

2022 DEC 27 AM IO: 3

12/27/23--01000--013 •• [7] 1

2022 DEC 27 AS 10: 22

12/24/2022

COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---|--|
| SUBJECT: GORM 1 | Name of Limited Liability Company |
| The enclosed Articles of Amendment | ent and fec(s) are submitted for filing. |
| | |
| Please return all correspondence co | ncerning this matter to the following: |
| Par | ARILK S. GORMLe! Name of Person |
| | GOM 110, LLC Firm/Company |
| 650 | Mincey Loop The Villages, FL 32163 |
| | City/State and Zip Code Somath Com E-mail address: (16 be used for future annual report notification) |
| For further information concerning | |
| 7 | - 41- |
| Tatrilic S. Go | zmle) at (763) 242-9153 |
| Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following | ig amount: |
| | 00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate Copy (additional copy is enclosed) Certificate of Status & Certificate Copy (additional copy is enclosed) |
| Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 | The Centre of Tallahassee |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| (208.82 | 110 LLC | | 2022 DEC 27 AM 10: 37 |
|--|---|--|---|
| | ame of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | SEUNCT. |
| The Articles of Organization for | this Limited Liability Company v | y as it now appears on our records.) ability Company) vere filed on 5/9/202 | ALLAHASSEE. FL and assigned |
| Florida document number <u>L 2</u> | 2000193486 | , , | |
| This amendment is submitted to | amend the following: | | |
| A. If amending name, enter th | e new name of the limited liabil | ity company here: | |
| The new name must be distinguishable | and contain the words "Limited Liabilit | y Company," the designation "LLC" or the | he abbreviation "L.L.C." |
| Enter new principal offices add | lress, if applicable: | , and the second | |
| (Principal office address MUST | BE A STREET ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if a | | • | |
| (Mailing address MAY BE A PO | IST OFFICE BOX) | | |
| | | 44" | |
| B. If amending the registered agent and/or the new registered | | ldress on our records, <u>enter the</u> | name of the new registered |
| N. CNI D. | | | |
| Name of New Register | o Agent: | | |
| New Registered Office | Address: | Enter Florida street address | |
| | | . Florida | |
| | | City | Zip Code |
| New Registered Agent's Signatur | e, if changing Registered Agent: | | |
| provisions of all statutes relati accept the obligations of my po | ve to the proper and complete p sition as registered agent as pr hange in the registered office a | e to act in this capacity. I further performance of my duties, and I o rovided for in Chapter 605, F.S. address, I hereby confirm that th | am familiar with and Or, if this document is |
| | If Chang | ing Registered Agent, Signature of Nev | v Registered Agent |

| or removed fr | om our records: | | | | |
|-------------------------|-------------------------|--------|----------|---------------------------------------|----------------|
| MGR = Mar AMBR = Aut | nager horized Member | | | | |
| <u>Title</u> | Name | | | Address | Type of Action |
| AM BR | KAYL | GORMLE | <i>)</i> | 669 Miwley Low The Wings | <u>S_</u> □Add |
| | | | | | Remove |
| | | | | | DChange |
| | | | | | 🗆 Add |
| | | | | | □Remove |
| | | | | | □Change |
| | | | | | □Add |
| | | | | | □Remove |
| | | | | | □Change |
| | | | | | □ Add |
| | | | | | □Remove |
| | | | | | Change |
| | | | | · · · · · · · · · · · · · · · · · · · | □Add ` |
| | | | | | □Remove |
| | | | | | □Change |
| | | | | | □Add |
| | | | | | □Remove |

_____ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

| D. | If ame | ending any other info | rmation, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|-----------------------|----------------------------|---|
| | • | | |
| | - | | |
| | - | | |
| | - | | |
| | - | | |
| | - | | |
| | - | | |
| | - | | |
| | - | | |
| | | | |
| | - | ··· | |
| E. (| (If an eff Note: | If the date inserted in th | the date of filing: |
| | ne recor ord is fi | | ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | Dated | 12/57X | Signature of a member or authorized representative of a member |
| | | | Typed or printed name of signee |