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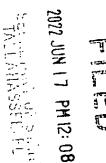
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TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations					
erin neem. Gail N Hof	Tmann L.I.C					
SUBJECT:	Name of Lim	ited Liability Company	·			
		_				
Please return all correspo	ondence concerning this matter	to the following:				
Name of Person West Coast Accounting & Financial Services Inc. Firm/Company 8780 Seminole Blvd Address Seminole, FL 33772 City/State and Zip Code						
		Name of Person				
	Name of Limited Liability Company conclosed Articles of Amendment and fee(s) are submitted for filing. Inserteurn all correspondence concerning this matter to the following: Keith Crosby					
SUBJECT: Gail N Hoffmann LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing Please return all correspondence concerning this matter to the following: Keith Crosby						
		Address				
	Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Keith Crosby					
	soldbygailh@gmail.com	·				
For further information c			ification)			
Keith Crosby		nt (727) 275-1960				
	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &			
·			ection			
	Corporations		rporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

Gail N Hoffman LLC

2022 JUN 17 PM 12: 08

(Name of the Limited Liabi	ility Company as it now appears on our reco	urds. 1 - 1 L. Image
(W. Luch	ility Company as it now appears on our reco da Limited Liability Company)	IALLAHASSEF. FL
The Articles of Organization for this Limited Liability	Company were filed on 04/29/2022	and assigned
Florida document number <u>L2200020</u> 4325	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Gail N Hoffmann LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ter the name of the new regi
	_	
agent and/or the new registered office address here	:	
agent and/or the new registered office address here	;	
Name of New Registered Agent:	:	
Name of New Registered Agent:		
	: Enter Florida street ade	lress
	Enter Florida street ada	lress Florida Zip Code

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>	Address	Type of Action
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			(I)Change
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