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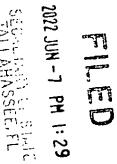
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## **COVER LETTER**

	tration Section on of Corporation	ons		
SUBJECT: _	<del></del>	GDBEZ Name of Lim	LLC nited Liability Company	<del></del>
		lment and fee(s) are sub	·	
Please return a	ii correspondence	concerning this matter	to the following:	
	_	Giorg	Name of Person	
		Gr	DBEZ Firm/Company	
	_	571a C	Olumbia Dr. Address	
		New Port	Richey FL 30 City/State and Zip Code	1652
		9dbyker E-mail address: (	5v 1986 O John to be used for future annual report in	notification)
For further info	ormation concern	ing this matter, please c	all:	
_Give	Name of Person	y Sy	at ( <u>850)</u> <u>51d</u> Area Code Day	o - OOQU time Telephone Number
Enclosed is a c	heck for the follo	wing amount:		
¥ \$25,00 Fili		330.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
N. P (11)			(°A	_

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

GOREZ LLC	2022	JUN -7 PM 1:29
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records:) (Aliability Company)	LAHASSEE, FI
		_
Florida document number <u>Laaccoaolo788</u> .		
This amendment is submitted to amend the following:		
the Articles of Organization for this Limited Liability Company were filed on5_1_2_2		
No changes		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_No_changes_	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	No charge	5
.,		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the</u> i	name of the new registered
Name of New Registered Agent:	No changes	
New Registered Office Address:	No Choros Enter Florida street address	
	, Florida	1
	City	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
MGR	Giorgio D. Bover Sv.	5712 columbia Dr. New Port-Richey FL-341652	_\\Add
			□Remove
			Change
AP	Giorgio D. Baker Jr.	rain cel mbio Divide	
		5712 columbia Drive New Port Richey Fl.341652	Littemove
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