## L22000219420

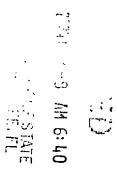
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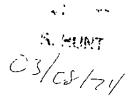
Office Use Only



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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations					
SUB IDZE		MOVEMENT LIMITED LIAE	BILITY COMPANY				
SUBJECT:		Name of Limi	ted Liability Company	_			
The enclosed	d Articles of .	Amendment and fee(s) are subr	nitted for filing.				
Please return	all correspo	ndence concerning this matter t	to the following:				
		LAMAR HOWE					
			Name of Person	<del></del>			
		GORILLA MOVEMENT I	LLC				
			Firm/Company				
		1500 LA MADERIA DRIV	/E SW		٠		
			Address	_			
		PALM BAY FL. 32908			113 7 <del>1</del> 212		
			City/State and Zip Code	:	င္ခ်ာ		
		TAXOPTIONS208@GMAI		(4) (1) (m)	E		
		E-mail address: (t	o be used for future annual report notification)	- FSTA	VH 6: 40		
For further is	nformation c	oncerning this matter, please ca	dl:		Û.		
LAMAR HO	OWE		954 299 0061 at ()				
	Name o	f Person	Area Code Daytime Telephone Num	nber	•		
Enclosed is	a check for th	ne following amount:					
		☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	) Filing Fe ficate of St fied Copy fonal copy is a	atus &		
Re	niling Addres gistration S	Section	Street Address: Registration Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee				
1.4	シーロしん ひきと		The Centre of Tananassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GORILLA MOVEMENT LIMITED LIA	ABILITY COMPANY	
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.)  orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L22000219420	y Company were filed on 05/10/2022	and assigned
This amendment is submitted to amend the following	y.	
A. If amending name, enter the new name of the l	Liability Company as if now appears on our records.)  Florida Limited Liability Company)  idity Company were filed on 05/10/2022 and assigned  ing:  the limited liability company here:  ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  le:  ADDRESS)  Enter Florida street address  Florida	
STRAPPED AND LETHAL LLC	is submitted to amend the following:  name, enter the new name of the limited liability company here:  DETHAL LLC  be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  cipal offices address, if applicable:  address MUST BE A STREET ADDRESS)  ng address, if applicable:  is MAY BE A POST OFFICE BOX)  the registered agent and/or registered office address on our records, enter the name of the new registered enter registered office address here:  if New Registered Agent:  egistered Office Address:  Enter Florida street address  Florida	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	)	
		Es C
B. If amending the registered agent and/or registon agent and/or the new registered office address her	·	
Name of New Registered Agent:		
New Registered Office Address:		
Test Registered Office Fladress.	Enter Florida street address	
	Floria	1a
<del></del>	, FIGUR	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
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			□Remove
			□Add
			□Remove
			∵ ☐Change
			So □Add
			SSCI AH CONTRACTOR OF THE STATE
			☐ Change
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		<del></del>	
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Filing Fee: \$25.00