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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	· ·
SUBJECT: Gellsoid Laus	- Come Survices
	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Guyve	Name of Person
4 . 4 . 4	Firm-Company
13731 x	Address
Miami Buyung 5	7
Cuyuns E-mail ad	dress: (to boused for future annual report notification)
For further information concerning this matter, pl	ease call:
Guyven Geldrerd	at (754) 245 - 1541 Area Code Daytime Telephone Number
(Name of Ferson	Alea Code Daylink Perpione Politica
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
r.O. DOA 0327	The Centre of Lahanassee

2415 N. Monroe Street; Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companial (A Florida Limited Liability Companial)	was it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number L21000786271	vere filed on June 23, 707 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	LAHASSEE TL
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 1377 M	Enter Florida street address Florida 5316 Florida

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.

City

Zip Code

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

Title	Name	Address	Type of Action
NGIL	Guyun Gelficia	13737 NW 7	h A VG Ádd
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Effect	tive date, if other than	the date of filing:		(optional)	
f an efi <u>Note:</u>	Tective date is listed, the date If the date inserted in thi	must be specific and cannot be prices block does not meet the appli	icable statutory filing requ	n 90 days after filing.) Pur	suant to 605.0207 not be listed as (
docum	nent's effective date on th	e Department of State's record	S.		
		ctive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
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Dated	July 28	, 2022			
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		Signature i a inember au	persentative of a m	einber	·
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Filing Fee: \$25.00