

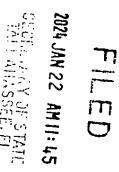
All				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
SUBJECT: <u>GE</u>	Q V LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
Please return all correspor	ndence concerning this matter	to the following:	
		na Bakhs Name of Person U LLC Firm/Company	
	2142 Tu	rning Hickory	Ct.
	Orlando, astextile	FL 32835 City/State and Zip Code Trader e amail to be used for future annual peport notifi	. Com
For further information co	ncerning this matter, please ca		
Geovana	Bakhshi	at (<u>407</u>) <u>432</u> Area Code Daytime	5636
Name VI	COSM	weak voice Dayring	Telephone Publice
Enclosed is a check for the	e following amount:		
□ \$25,00 Filing Fee	➤ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration See Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O		·N	
О	F		
(Name of the Limited Liability Compa	LLC	our records t	
(A Florida Limited I	Jability Company)	our records.	
The Articles of Organization for this Limited Liability Company Florida document number <u>L aaboo 3 a 6 8 39</u>	were filed on <u>25</u>	July 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable GSTEXTILES LLC The new name must be distinguishable and contain the words "Limited Liabile".		ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		_ ဟ_	20
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered office a	address on our record	TAIL AHASSEE, FL ds, enter the name	AN 22 AM III
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida st	reet address	
		Elonida.	
	City	Florida	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 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>	Name	Address	Type of Action
			□Remove
		<u> </u>	□Change
			□Add
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			□(Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) _ (optional) E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Signature of a member or authorized representative of a member