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COVER LETTER

Division of Cor			
SHRIECT. (Bift It LLC		
30bjec1	GIFT IT, LLC Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jenni	fer Lyons Name of Person	
		Name of Person	
	•	Firm/Company	
	3110 H	-yde Park Place	<u></u>
	Penoaci	Ola, FL 3251 City/State and Zip Code	03
		City/State and Zip Code	
	91f+_1+ 2 E-mail address: (icloud . Conc. to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca		·
	<u> </u>		1
Jenniter	Francis	at (850) 324 – Area Code Davtime 1	1365
Name o	rreison	Alea Code Daytine	reteptione Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	: <u>s:</u>	Street Address:	
Registration S		Registration Secti	
Division of C	orporations	Division of Corpo	orations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

GIFT IT. LLC

company has been notified in writing of this change.

GIFT 11, LLC			
(Name of the Limited Liability Company	as it now appears on our r	ecords.)	<i>~</i> `
(A Florida Limited Lia	bility Company)		327 327
The Articles of Organization for this Limited Liability Company w	ere filed on AUGUST 3	, 2022	200 assigned
Florida document number L22000341628			19
This amendment is submitted to amend the following:		. •	3
A. If amending name, enter the new name of the limited liabili	ty company here:		[*]
GIFT IT 850, LLC		•	.
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation	"LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>.</u> .	
			<u>.</u>
N 10			
B. If amending the registered agent and/or registered office ad	iress on our records, <u>e</u>	nter the name of	the new registe
agent and/or the new registered office address here:			
Name of New Registered Agent:			
		-	
New Registered Office Address:			
	Enter Florida street a	ddress	
		, Florida	
	City	, Fiorida	lip Code
New Registered Agent's Signature, if changing Registered Agent:	•	.,	
l hereby accept the appointment as registered agent and agree	to act in this capacity.	I further agree t	o comply with
provisions of all statutes relative to the proper and complete pe	rformance of my dutie	s, and I am fami	liar 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

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
			□Add
			□Remove
			□Add
			□Remove
			Change
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