422000505214

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
		
<u> </u>		
Special Instructions to	Filing Officer:	
		

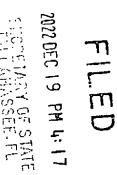
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COVER LETTER

Registration Section

Division of Corporations

TO:

CUDIECT.		GYNN CADIS LLC	
SUBJECT: ·	Name of Limi	ted 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:	
	BRIAN J. DOWNEY		
		Name of Person	
	BRIAN J. DOWNEY, PA.		
		Firm/Company	·············
	14090 METROPOLIS AV	E., #205	
		Address	
	FORT MYERS, FL 33912		
		City/State and Zip Code	
	bgynnohio@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Brian J. Downey		239 321-6690	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GYNN CADIS LLC

(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000505214</u> .	npany were filed on 11/30/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
GYNN CARDIS LLC		2
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	- · · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:		B T
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	5 5 m
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF STATE
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	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>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			☐ Change
			□ Change
			□ Add
			□Remove
			Change
			Remove
			Change
			□Add
			Remove
			□Change
		□Add	
			Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
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in effecti <u>ote:</u> If i	date, if other than the date of filing:
is filed.	
ted	Desember 11 2022
	Ru
	Signature of a member or authorized representative of a member
	Brisi Douvey Typed or printed name of signee
	Typed or printed name of signee