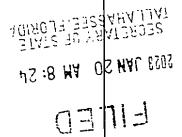
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Office Use Only

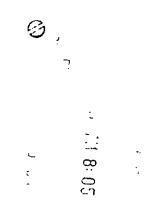
A. RIVERS
JAN 2 0 2023





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01/20/23--01001--018 **25.00



COVER LETTER

Registration Section Division of Corporations

TO:

G&G BRO SUBJECT:	S. LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		GASTON LOZADA		
		Name of Person		
		G&G BROS, LLC		
		Firm/Company		
		6435 bay club dr Apt 2		
		Address		
	F	ort Lauderdale Florida 33308		
		City/State and Zip Code		
		.rodriguez.8434@gmail.com		
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
GASTON LOZADA		786 3075786		
Name o	f Person		ne Telephone 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		Street Address: Registration Se	ection	
Registration Section Division of Corporations		-	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&G BROS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 01-18-2023 The Articles of Organization for this Limited Liability Company were filed on and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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

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
MGR	GONZALO LOZADA	6435 bay club dr Apt 2 Fort Lauderdale Florida 33308	8 _ ≣ ∧dd
			□Remove
			_ □Change
			_ □Add
			□Remove
			_ □Change
			□Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ □∧dd
			_ □Remove
			_ 🗆 Change
			□Add
			_ □Remove
			_ □Change

D. If amending any other inform Add GONZALO LOZADA	nation, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
Add GONZALO LOZADA	A PLEASE!	
- 		
		· · · · · · · · · · · · · · · · · · ·
		
	ust be specific and cannot be prior to date of filing block does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 (3)(4) filing requirements, this date will not be listed as the
If the record specifies a delayed effect record is filed.	ive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated	2023	
	Throughust	
	Signature of a number or authorized represen	stative of a member
	/ / GASTON LOZADA	

Typed or printed name of signee