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2024 APP 10 PH 5: 23

- COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Gercilaine Des	Sava LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Gercila	ine DeScuza	
	Geralain	e DeSouza LL Firm/Company	<u></u>
	<u> 7390 C</u>	Address	
	_ cierm	10nt, FL, 34	714
	<u>Cerci. USA</u> E-mail address: (to	Ogmail. Com o be used for future annual report noti	fication)
For further information c	concerning this matter, please ca	II:	
Czercil Qin	<u>le DeSouzou</u>	at (857) 31 2 Area Code Daytim	- 3214 c Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Se	
Division of C P.O. Box 632	-	Division of Cor The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Home Express Realty By Ge

(Name of the Limited I	Florida Limited I	ny as it now appears ; nability Company)	on our records.)	
The Articles of Organization for this Limited Liabi	lity Company	were filed on Ma	rin 28, 206	23 and assigned
Florida document number <u>92 - 318 5690</u>	<u></u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liabi	ility company her	2:	
Gercilaine DeSo	ouza L	LC		
The new name must be distinguishable and contain the words	s "Limited Liabil	ity Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			26
Principal office address MUST BE A STREET ADDRESS)		2(24 AF		
				िख एथ
				0
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	· V 2	· · · · · · · · · · · · · · · · · · ·		٠ ن
Unuming duaress MAT BE A FOST OFFICE BO.	<u>A)</u>			
B. If amending the registered agent and/or regis agent and/or the new registered office address he	ere:			me of the new registered
Name of New Registered Agent:	•	aine Des		
New Registered Office Address:	7390	latumu 1 Ener Florid	a street address	
_	Cler	mont	, Florida _	34714 Zip Code
New Registered Agent's Signature, if changing Regi	istered 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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ote: II	date, if other than the date of filing: APTI IST, 2024 (optional) ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at effective date on the Department of State's records.
record s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	2/13/24
	Signature of a member or authorized representative of a member