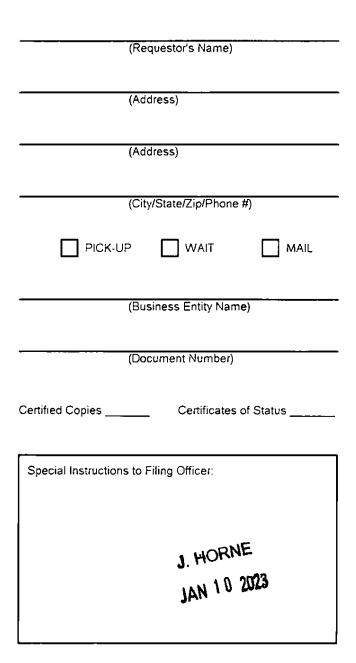
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Office Use Only



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12/18/23--01024--017 **25.00



COVER LETTER

TO: Registration S Division of Co			
• Square On	e Housing Solutions LLC		•
SUBJECT:		nited Liability Company	
	Amendment and fee(s) are sub	-	
•	Ricky L. Mayo	3	
	 	Name of Person	
	Garveyite LLC		
		Firm/Company	-
	12635 Adventure Dr		
		Address	
	Riverview, FL 33579		
	GarveyiteLLC@gmail.com	City/State and Zip Code	
	·	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please c	all:	
Ricky L. Mayo		\$13 \$38-3200 at ()	
Name c	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT OF ARTICLES OF ORGANIZATION.

Square One Housing Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on $\frac{02/27/202}{}$	and assigned		
Florida document number 123000103956	,				
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
Garveyite LLC					
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		12635 Adventure Dr			
(Principal office address MUST BE A STREE		Riverview, FL 33579			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12635 Adventure Dr Riverview, FL 33579			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered		
Name of New Registered Agent:	NA	<u>-</u>			
New Registered Office Address:	NA				
		Enter Florida stree	t address		
			Florida		
		City	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 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>	Name	Address	Type of Action
		<u></u>	Dadd
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			□Change
			□Add
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			Change
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			□Remove
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ective date, if other than the d				_ (optional)	
neffective date is listed, the date must telef. If the date inserted in this bloo					
cument's effective date on the Dep			, , ,		
cord specifies a delayed effective	date, but not an effective	ve time, at 12:0	l a.m. on the earli	er of: (b) The 90th	day after the
s filed.					
	2023				
December 13th					
December 13th	·	·			
ed December 13th	·	·			
Liny L. May S	ignature of a member or a	authorized repres	entative of a membe		

Filing Fee: \$25.00