## L2300120912

(R	equestor's Name)	_
(A	ddress)	
(A	ddress)	
	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fil	ling Officer:	
		1

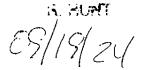
Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

<del></del>	
GE & SAN GROUP I LLC	<sub> </sub>
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1-4-1	
Held -	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement,
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GE & SAN GROU	PTLLC	
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now app Liability Compan	ears on our records.) y)
The Articles of Organization for this Limited L. Florida document number <u>L23000120912</u>	iability Company	were filed on	03/08/2023 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company	<u>here</u> :
N/A			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREET ADDRESS)			. ,
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	7.12
B. If amending the registered agent and/or (agent and/or the new registered office addr		address on our	records, <u>enter the name of the new register</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter I	Horida street address
	N/A		mta . N/A

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 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
AMBR	GE & SAN GROUP LLC	2632 GIARDINO LOOP	□Add
		KISSIMMEE, FL 34741	■Remove
			□Change
MGRM Sandra Liliana Torres Mahecha	Sandra Liliana Torres Mahecha	2632 GIARDINO LOOP	<b>∃</b> ∆dd
		KISSIMMEE, FL 34741	□Remove
			□Change
			□Add
		<del></del> -	□Remove
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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or more e: If the date inserted in this block does not meet the applicable statutory filing re		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the filed.	the earlier of: (b) The 90	)th day after the
ed JULY 7		
jandiafficialas of		

Typed or printed name of signee