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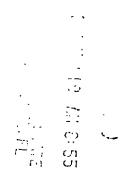
(Requestor's Name)
(Address)
(Address)
(Audress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duginasa Fatih, Noma)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

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08/19/24

CAPITAL CONNECTION, INC.

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

GE & SAN GRO	OUP 4 LLC	
		
Please Debit FC	A000000003 For: 25	
Thank you Seth	Neclev	
1-4-	7	
		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 / Withdrawat
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
		Fictitious Search
		Fictitious Owner Search
Signature		Vehicle Search
		— — Driving Record
Requested by:		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC II Retrieval
Walk-In	Will Pick Up	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GE & SAN GROU			
(Name of the Lim	ted Liability Comp (A Florida Limited	oany as it now appears on our r I Liability Company)	records.)	
The Articles of Organization for this Limited I		y were filed on03/14/202	3	_ and assigned
lorida document number 1.23000130490	 .			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited lial	bility company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Liab	oility Company." the designation	"LLC" or the abbre	viation "L.L.C."
Inter new principal offices address, if appli	cable:	N/A		<u> </u>
Principal office address MUST BE A STREA	ET ADDRESS)			
			•	
				<u> </u>
Inter new mailing address, if applicable:		N/A		0
(Mailing address MAY BE A POST OFFICE BOX)			Fig.	G
	_ 			
3. If amending the registered agent and/or		address on our records,	enter the name o	f the new regis
gent and/or the new registered office addi	ress here:			
	N/A			
Name of New Registered Agent:	11//1			
New Registered Office Address:	N/A			
		Enter Florida street	address	
	N/A		, Florida _ ^{N/A} _	
		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>	<u>Name</u>	Address	Type of Action
AMBR	GE & SAN GROUP LLC	2632 GIARDINO LOOP	
		KISSIMMEE, FL 34741	■Remove
			□Change
MGRM	Sandra Liliana Torres Mahecha	2632 GIARDINO LOOP	■Add
		KISSIMMEE, FL 34741	
			□Change
			□Add
			 □Remove
			Change
·			□Add
			for GRemove
			□Change
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			□Add
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tive date, if other than the date of filing:	(optional)	
ffective date is listed, the date must be specific and cannot be prior to date of fig. If the date inserted in this block does not meet the applicable statute	ling or more than 90 days after filing.) I	oursuant to 605.0
ment's effective date on the Department of State's records.	ory ming requirements, this date w	th hot be fisted
ord specifies a delayed effective date, but not an effective time, at 12:6 filed.	01 a.m. on the earlier of: (b) The 9	90th day after th
j JULY 7	,	
Janarayara (au	<i>(</i>)	

Typed or printed name of signee