L23000164236

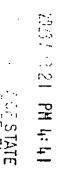
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COVER LETTER

TO: Registration Section Division of Corporations	. •
SUBJECT: GIEGER 3 CO, Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Trammel Geiger Name of Person	
Geiger 3 Co. LLC Firm/Company	
17806 NE Paul White Rd	
City/State and Zip Code Geigen 0850 @ amail. Com B-mail address: (to be used for future annual report notification)	
· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, please call:	
Nicole Smith Name of Person at (850) Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certified Copy Certified Cop	te of Status &

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 TO ARTICLES OF ORGANIZATION OF



Giener 3 Co 111	2073 A R 21 PM 4: 41
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) A STATE iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000164236	were filed on 43 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the new name of the limited liability of the new name of the limited liability of the new name of the ne	
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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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>	<u>Name</u>	<u>Address</u>	Type of Action
AR	Nicole Smith	4527 Mizzenmast lane	DAdd
		Tallahassee, FL 32310	□Remove
			□Change
			Remove
			Change
			□Add
			□Remove
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f an effective date is list Note: If the date inse	ther than the date ted, the date must be spe crted in this block do date on the Departm	ecific and cannot be ses not meet the a	e prior to date of filin applicable statutor	g or more than 90 days	optional) s after filing.) Pursuan s, this date will not	it to 605.0207 be listed as
	elayed effective date,	but not an effect	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th d	ay after the
d is filed.			1 2			
	18th	<u>20</u>	<u>~</u> .			
od is filed. Dated April Market Trans	immel I	<u>20</u> Imen	<u>~~</u> .			

Filing Fee: \$25.00