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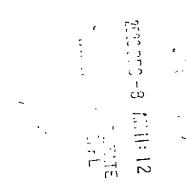
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Cor		٠.			
SUBJECT:	15 G 11 C				
<u> </u>	Name of Limited L	Liability Company			
The enclosed Articles of A	Amendment and fee(s) are submitte	ed for filing.			
Please return all correspon	ndence concerning this matter to th	e following:			
	G V. G (Remov	Name of Person	o McMillan		
	G vs G, LL	Firm/Company			
·	7901 4th St.N. S	STE 300 Address			
	St. Petersburg	1, FL 33702 ty/State and Zip Code			
	DN@ PRININ E-mail address: (to be	OC. DRO used for future annual report notifi	cation)	Z023	
\wedge	oncerning this matter, please call:			ייייני:	 :
VENZUEllo V	Mcmillan	_at (407) 257-	-9405	<u> </u>	:
Name of	Person	used for future annual report notifi at (407) 257 Area Code Daytime	Telephone Number		
Enclosed is a check for th	e following amount:			$-\frac{1}{2}$	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	3 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address Registration S		Street Address: Registration Sec	tion		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	npany as it now appears o	on our records.)			
		<i>j</i> /	and as	ssigned	
This amendment is submitted to amend the following:	miniment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: It is must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Principal offices address, if applicable: Office address MUST BE A STREET ADDRESS) mailing address, if applicable: didress MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here: ame of New Registered Agent:				
is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: If amending name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviation "LLC." Iter new principal offices address, if applicable: Inicipal office address MUST BE A STREET ADDRESS) Iter new mailing address, if applicable: Iter new mailing address, if applicable: Iter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered					
The new name must be distinguishable and contain the words "Limited Li	ability Company," the desi	gnation "LLC" or the c	abbreviation "I	L.L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	1 ,		,		
Enter new mailing address, if applicable:				-3	
(Mailing address MAY BE A POST OFFICE BOX)			'	73 	
			· • • • •	d d	
P. If amonding the registered agent and/or registered affic	oo oddraee on our raad	ands anton the new	no of the no	CO	etorad
B. If amending the registered agent and/or registered office address here:	ce address on our reco	orus, <u>enter the hai</u>	ne or the ne	iw regis	stereu
			31.		'معو
Name of New Registered Agent:		-	F 14 (I)	ယ	
New Registered Office Address:					
	Enter Florida	i 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 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
MGR	GV.G	790144 St.N. STE 300	🗆 Add
		790144 St.N. STE 300 St. Petersburg, FL 37.702	ĀRemove
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ective date, if other than the date of filing:		(option	ריז (len	ယ
effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applical ument's effective date on the Department of State's records.		re than 90 days after f	iling.) Pursuant to 6	
cord specifies a delayed effective date, but not an effective tims filed.	ne, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day at	fter the
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ed 12/04/ 202				

Filing Fee: \$25.00