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COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LINDY IRSULA	Name of Person			
	GSR 7 Limited Liability C				
	Control Diffice Diability C	Firm/Company			
	2210 NW 92 AVE DORA	L FL 33172 Address			
	DORAL FL 33172				
	REYBOATI@OUTLOOK	City/State and Zip Code .COM			
	-	to be used for future annual report not	ification)	4	200
For further information c	oncerning this matter, please ca	all:			2074 1137 22
LINDY IRSULA		at (_786)_3178844			;
Name o	f Person	Area Code Daytin	ne Telephone Number	· · ·	
Enclosed is a check for the	ne following amount:			•	-
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filir Certificate Certified C tadditional co	of Status opy	
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction		
Division of C		Division of Co			
P.O. Box 632		The Centre of T			
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	J	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GSR 7 Limited Liability Company

company has been notified in writing of this change.

(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 Liability Company were filed on 04/14/2023 and assigned Florida document number 1.23000186662 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida City 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

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	LINDY IRSULA	1211 SW 134 AVE MIAMI FL 33184	
			□Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			□Change

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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 than 90 days after filing.) Pursuant to 605.0 applicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's r	
ata a second and a second and a second	
cord specifies a delayed effective date, but not an effe s filed.	ective time, at 12:01 a.m. on the earlier of: (b) The 90th day after (
ed 05/15/2023	•
	112
	cy race
Signature of a member	or authorized representative of a member