## L23000 204911

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer.	— 1 S

Office Use Only

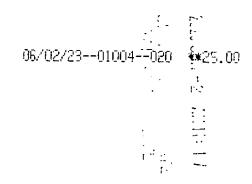
Customer would like a

been removed.

Print-out Showing they have



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2029 JUN -2 AMII: 10

## **COVER LETTER**

TO: Registration Se Division of Cor			•	
SUBJECT: Ga	ma Fina, LLC			
<u></u>	Name of Lim	ited Liability Company		.4.
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	,	
Please return all correspo	ndence concerning this matter	to the following:		
	Neisha_L	Rodriquez Harque	Σ	.*
	<del> </del>	Firm/Company		-
	2225 Pa	ria LN Address		1
		hissimmee FI 3475	58	
	F-mail address: (	City/State and Zip Code to be used for future annual report noti	lication)	1
For further information co	oncerning this matter, please co	-		
Name of	'Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for th	e following amount			
\$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Address Registration S		<u>Street Address:</u> Registration Sec	rtion	
Division of Co	orporations	Division of Cor	porations	
P.O. Box 632	7	The Centre of T	allahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Y Company as it now appears on our records.) Limited Liability Company)	L
	ompany were filed on 4/25/2023 and ass	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ted liability company here:	
The new name must be distinguishable and contain the words "Limite	ited Liability Company," the designation "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	<u></u>	·
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the nev	» registere
	Enter Florido street address	
<del></del>	, Florida	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	,	h and ment is

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>	Name	Address	Type of Action
AMBR	Neisha L. Rodriguez Hurgue	2 2225 paris In Hissimmie	□Add
	-	Fl 34758	Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Change

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	<del></del> -
	1
	1
effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or mo  e: If the date inserted in this block does not meet the applicable statutory filing ument's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of filed.	n the earlier of: (b) The 90th day after
d Jyne 2 2023.	
$\bigcirc$ , $\bigcirc$ , $\bigcirc$	Mayren
Signature of a member or authorized representative of	

Filing Fee: \$25.00