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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

GGSIDC II	ND, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	SHODDRICK			
		Name of Person		
	GGSIDC IND, LLC		, ; . <u></u>	1,5023 F
	5379 LYONS RD #1774	Firm/Company		NY 30
	COCONUT CREEK FL 3:	Address 3073	्रि ज ना -गः	FILED 2023 HAY 30 PH 2: 27
	indachat.ggsind@gmail.com	City/State and Zip Code	····································	
	E-mail address: (	to be used for future annual report no	lification)	
For further information of	concerning this matter, please c	all:		
SHODDRICK		954 8513970		
Name c	of Person	at () Area Code Daytir	ne Telephone Number	<del></del>
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 81	0

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GGSIDC IND, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	<u>anv here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20
	3 H. T. 30
Enter new mailing address, if applicable:	3
(Mailing address MAY BE A POST OFFICE BOX)	الله والمنات
<del></del>	2
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address

## 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 a 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHODDRICK PAUL WOODS	1125 HAMPTON BLVD NORTH LAUDERDALE, FL 33068	<b>=</b> Add
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ective date, if other than t	MAY 26, : he date of filing:	2023	(ant	ional)	
effective date is listed, the date r	he date of filing:  must be specific and cannot be price block does not meet the appl	or to date of filing or r	nore than 90 days afte	ronar) r filing.) F	Pursuant to 605.
	block does not meet the appl Department of State's record	icable statutory iiiii	ng requirements, th	is date w	ill not be liste
cord specifies a delayed effec	tive date, but not an effective	time, at 12:01 a.m.	on the earlier of: (	b) The	90th day after
s filed.		,	,	.,	- our day arrer
MAY 26	2023				
ed		<u> </u>			
	AIA				
	Signature of a member or aut	hadaa la			
	Signature of a member or and	HULLISHU LUMARUNIDIUU			